2002-2003
Annual Report

June 20, 2003

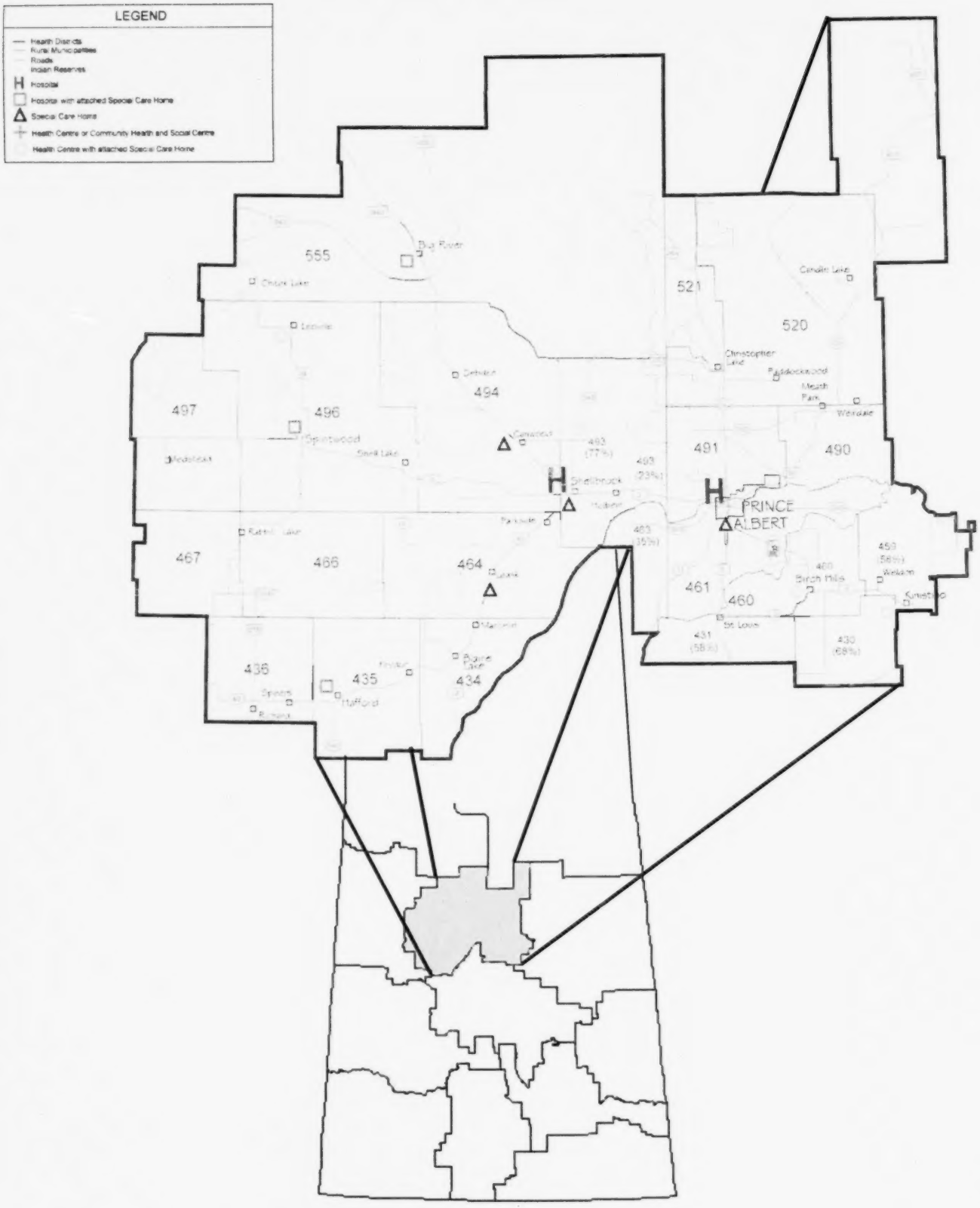
To the Honourable John Nilson
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Minister Nilson:

It is my pleasure to present to you, on behalf of the Prince Albert Regional Health Authority, the Annual Report for the Prince Albert Parkland Health Region for the year ended March 31, 2003, in accordance with *The Regional Health Services Act*.

Sincerely,

Ray Ewanchuk, Chairperson
Prince Albert Parkland Regional Health Authority
2345 10th Avenue West
Prince Albert SK S6V 7V6


LEGEND
Health Districts
Rural Municipalities
Roads
Indian Reserves
Hospital
Hospital with attached Special Care Home
Special Care Home
Health Centre or Community Health and Social Centre
Health Centre with attached Special Care Home
555
Buffalo River
Chuck Lake
Lemsford
Debden
494
497
496
Spiritwood
Shell Lake
Canwood
493 (77%)
493 (23%)
Shellbrook
Parkside
Ruth Lake
467
466
464
Macdonald
Paynton
Paignton Lake
436
435
Hafford
434
Spruce Home
Prince Albert
483 (35%)
521
520
Candle Lake
Christopher Lake
Paddockwood
Mount Pain
Weirdale
491
490
461
460
459 (56%)
Wakaw
Birch Hills
Cudworth
St. Louis
431 (58%)
430 (68%)

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OUR REGION AT A GLANCE

Legislation creating the Regional Health Authorities, the *Regional Health Services Act*, was proclaimed on August 1, 2002. In May 2002 Authority members were appointed by the Minister of Health and a new board was established as Regional Health Authority #9. The name was legally changed to Prince Albert Parkland Health Region effective November 1st, 2002 following Government approval through *Order in Council.*

The Prince Albert Parkland Health Region encompasses the former Prince Albert and Parkland Health Districts and has a geographical area of 31,596 square kilometers and services a population of approximately 77,215. Close to 40,000 people live within the City of Prince Albert. 20% of the Region's population are Registered Indians (15,480). Close to 13.5 per cent (10,439) are 65 or older — about one per cent above the Provincial average.

The major centre and the only city located in the Region's boundaries is Prince Albert. There are 22 Rural Municipalities, 7 Towns, 21 Villages and 2 Hamlets. The Region also has 6 Resort Villages and 12 first Nations. The First Nations Bands belong to one of 4 Tribal Councils and one Band remains independent.

Serving these communities the Authority operates one regional hospital, one community hospital, two integrated facilities incorporating acute and long term care beds, four community health centres and five long term care homes. The majority of acute care beds are located at the Victoria Hospital in Prince Albert. The community health centres include long term care and offer various combinations of acute care, emergency, laboratory, outpatient and diagnostic services. The long term care facilities located in many major communities in the Region serve approximately 590 residents. This includes one affiliate, Mont St Joseph Home with 120 beds in Prince Albert. The long term care facilities also contain respite beds for occasional stays while family caregivers are away, and a number of palliative beds. 95 per cent of the Region's residents live within 30 minutes of a hospital or long term care facility.

The combined total of in-patient acute care provided throughout the Region is approximately 9,100 people per year. Approximately 1,200 new born infants are delivered in our facilities yearly. On average approximately 3,100 people pass through the Emergency Room at the Victoria Hospital per month.

Over 50 Family Physicians and 40 Physician Specialists provide contract services to our patients throughout the Region

The Prince Albert Parkland Health Region employs over 2000 staff and has an operating budget over $100,000,000.00.

PRINCE ALBERT PARKLAND
HEALTH REGION

SASKATCHEWAN'S HEALTH CARE PLAN

In December 2001, Saskatchewan Health unveiled *Healthy People. A Healthy Province. The Action Plan for Saskatchewan Health Care.* The Action Plan provides a blueprint for the future of health services in our Province.

In 2002 Saskatchewan Health released a comprehensive *Performance Plan* that links key actions with a specific set of goals. The goals and actions allow health regions to measure progress over the short and long term.

Health regions have been working to align their goals and objectives with the Provincial Action Plan. Regional health authorities are not limited to pursue only the strategies outlined in the Action Plan. They can develop their own specific responses to local concerns and issues. The goals and objectives may change from year to year as Saskatchewan Health and RHA's refine and improve the way they monitor and measure activities. The aim is to ensure quality, accountability and continuous improvement in the delivery of health care to provide the greatest benefit to area residents and others who require health services.

Sask Health's Vision

Building a Province of healthy people and healthy communities.

Sask Health's Goals

-Improved access to quality health services.
-Effective health promotion and disease prevention.
-Retain, recruit and train health providers.
-A sustainable, efficient, accountable and quality health system.

PRINCE ALBERT PARKLAND HEALTH REGION MANDATE

From our Board members to our staff members, the mission at the Prince Albert Parkland Health Region is to improve the health and wellbeing of individuals and communities through leadership, collaboration and the provision of high-quality health services.

Being accountable, accessible, equitable, responsible, caring, competent, compassionate and open are ideals we strive to maintain within our Region.

Our work together is governed by a clear set of values that guide our decisions and help us set our priorities:

PRINCE ALBERT PARKLAND
HEALTH REGION

Our Mission

People, Families, and Communities Working Together Toward Improved Health.

Our Vision

Healthy Living in Healthy Communities.

Our Values

We value:

- And respect the dignity, rights and cultures of all.
- An accessible and equitable health system.
- An effective and responsive health system.
- Continuous learning and quality improvement.
- Competent, compassionate care.
- Fiscal Responsibility.
- Environmental responsibility.
- Shared responsibilities with individual and communities for their own health.
- Stakeholder input in decisions that effect the health system.
- Accountability and responsbility to all stakeholders.
- The importance of physical, spiritual, emotional and social aspects of care delivered through health services.

OUR GOALS AND OBJECTIVES

Goal: Improving Access to Quality Health Services

Objective: Provide Responsive, Co-ordinated Primary Health Care by:

- Developing and co-ordinating a network of primary health care services within the Health Region.
- Making sure residents receive timely care in appropriate locations.
- Ensuring the public is aware of where to obtain community services.
- Making sure staff and Physicians know when and how to refer residents.

Objective: Reducing Waiting Time for Surgical Procedures by:

- Participating in the Saskatchewan Surgical Care Network
- Increasing the number of surgical cases completed.
- Making sure waiting lists/times are reasonable.

Objective: Improve Emergency Medical Care by:

- Minimizing adverse effects in emergency situations.
- Minimizing adverse effects due to untimely access to diagnosis.
- Optimizing emergency response in a quality and timely fashion.
- Ensuring 70% of rural ambulance calls to have response time within 30 minutes
- Increased the number of Health Region residents trained in First Aide and CPR.

Objective: Improve Hospital, Specialized Services and Supportive Care by:

- Co-ordinating and delivering acute specialized services at Victoria Hospital.
- Providing Quality of Life for those needing supportive care.
- Making sure an appropriate number of long term care beds are maintained within the Prince Albert Parkland Health Region.

Objective: Ensure the Public Is Confident That Services Are There When Required by.

- Providing the Public with information about services and where they are available.
- Ensuring clients understand their rights, expectations and responsibilities.
- Providing the Public with information about local health system issues.

Goal: Effective Health Promotion and Disease Prevention

Objective: Better Promotion of Health and Disease Prevention by:

- Supporting the development of partnerships to address high risk groups.
- Advocating for healthy public policies.
- Promoting the positive impact of good nutrition.
- Promoting the positive impact of good exercise.
- Minimizing incidence of vaccine-preventable illness.

Objective: Achieve Optimal Health Status of Residents by:

- Ensuring all children have optimum growth and development.
  - -Starting with healthy births and by,
  - -Decreasing injuries to children.
- Ensuring youth and adults have optimum health by:
  - -Improving personal coping skills; ensuring youth are adequately prepared to live and work.

-Improving parenting skills and by decreasing negative impact of addictions.

- Ensuring seniors have optimum health.
  - -Through their ability to maintain independent living at home in community as long as possible.
  - -Ensuring optimum functional abilities are maintained as long as possible and,
  - -Support dying with dignity.
- Ensuring communities have optimum health.
  - -By improving air quality.
  - -By making sure occupational and public health standards are met and
  - -Decreasing water borne illnesses.

Goal: Health Human Resource Planning

Objective: Provide practicum and locum placements through partnerships with educational institutes by:

- Advocating for an appropriate level of training spaces for health professionals.

Objective: Ensure effective, efficient utilization of health human resources by:

- Supporting a human resource plan, including succession planning for leadership.
- Supporting the development of a primary care service through staff improvement initiatives. eg., advanced clinical nurse training
- Alternate payment mechanisms for contracted physicians.
- Enhancement of qualifications for EMS staff, eg., paramedic level of skill

Objective: Attract and retain a qualified representative workforce among all occupational levels of staff and among volunteers by:

- Enhancing partnerships for a representative workforce.
- Providing appropriate cultural awareness training.

Objective: Create Healthier Workplaces for Staff and Volunteers by:

- Supporting continuing education.
- Improving job satisfaction.
- Reducing health related absenteeism.
- Supporting wellness initiatives.
- Implementing appropriate measures to reduce injury/illness.
- Providing work design initiatives that enhance retention.

Goal: A Sustainable, Efficient, Accountable Quality Health System

Objective: Ensure Quality, Effective Health Care by:

- Providing quality health services.
- Developing sustainable parameters to provide accessibility to appropriate services
- Implementing information technology to support health service delivery.
- Supporting innovation and research in health service delivery.

Objective: Provide Appropriate Governance, and Management Accountability for the Health Sector by:

- Ensuring fiscal responsibility.
- Using resources effectively, efficiently and ethically.

REGIONAL HEALTH AUTHORITY

Members of the Region's Board of Directors known as Prince Albert Parkland Regional Health Authority were appointed by the Minister of Health, from a pool of approximately 500 applicants across the Province who declared their interest in serving in the health system. The new 12-member board represents a cross-section of the community. They bring a wide range of expertise and viewpoints to the table.

Ray Ewanchuk
Authority Chair **
Whitkow

Howard Gange
Authority Vice-Chair
Christopher Lake

Cecile O'Neil
Big River

Irene Attrux
Hafford

Ava Bear
Muskoday

Dolores MacDonald *
Prince Albert

Larry Hill
Prince Albert

Patricia Leson
Prince Albert

Philip Morin *
Prince Albert

Lorraine Saam **
Shellbrook

Jack Boechler
Spiritwood

Wayne Steen
Weldon

*Former Prince Albert Health District Board Members
**Former Parkland Health District Board Members

ROLE AND RESPONSIBILITY OF THE AUTHORITY

With a direct focus on clients the Prince Albert Parkland Regional Health Authorities aim is to govern with an emphasis on outward vision rather than an internal preoccupation. The Authority is committed to obtaining community input, encouraging expression of diverse viewpoints, and is focused on strategic leadership more than administrative detail. The

Authority will ensure clear distinction of between governance and of staff roles. The Authority encourages collective rather than individual decisions, a vision to the future rather than past or present, and taking a proactive approach with issues rather than be reactive.

The Authority Members act as the liaison between the Authority and the citizens of the Region.

The "owners" of the Region are defined as the citizens of the entire Region. The Authority is accountable for the Region, to its owners *as a whole*. The Authority can only act on behalf of the Region as a whole, rather than being advocates for specific wards or interest groups.

When making governance decisions, Authority Members have to maintain a distinction between their personal interests as "customers" of Region programs and services, and their obligation to speak for others as a representative of the "owners" (citizens) of the Region as a whole. As representatives of the owners, Authority Members are obligated to know what the owners want and need.

The Authority must gather data in a way that reflects the diversity of the Region. It shall meet with, gather input from, and otherwise interact with the broad base of communities, and acknowledge diversity. It must also recognise that diversity assures a broad base of wisdom, and shall seek to make decisions considering that input.

Collection of input from the community may be accomplished through a variety of methods including public meetings, surveys, and community advisory committees.

Linkage between Committees of the Authority and the Region shall be defined in the respective Committee's Terms of Reference.

The Authority Chair and Chief Executive Officer are authorized to speak on behalf of the Authority. Authority Members are free to speak on a personal basis to members of the public or the media at any time.

PUBLIC ACCOUNTABILITY

Each month the Regional Health Authority holds a public meeting that allows the public an opportunity to come out and voice their opinions, issues and concerns. The Authority has made an effort to rotate these meeting throughout various communities across the Region to ensure they are reaching their stakeholders. After each meeting press releases and highlights are sent out to local media outlets to keep the public informed of major program/service changes or on other newsworthy items.

External and internal newsletter publications by the former Health Districts were maintained to keep the public informed of the transition/regionalization process. Current work is being done to revamp these publications to properly reach a fair representation of clients across the Region.

A web page is being developed to provide most information about programs/services, changes, Region statistics, health promotion/prevention information and more.

The Quality of Care Coordinator is also another avenue for clients and the public to inquire about issues or concerns they have about programs/services.

The Network Advisory Committees will be a direct line of communication for the Regional Health Authority to garner information and to propose program/service changes.

REGION ADMINISTRATIVE STRUCTURE

Executive Council

Is a communication meeting that has replaced the senior management meeting held weekly by the former Health Districts. The meetings are chaired by the President and CEO. The Regions three Vice Presidents, the Chief Human Resources Officer and the Chief Financial Officer consult on general operations of the Region.

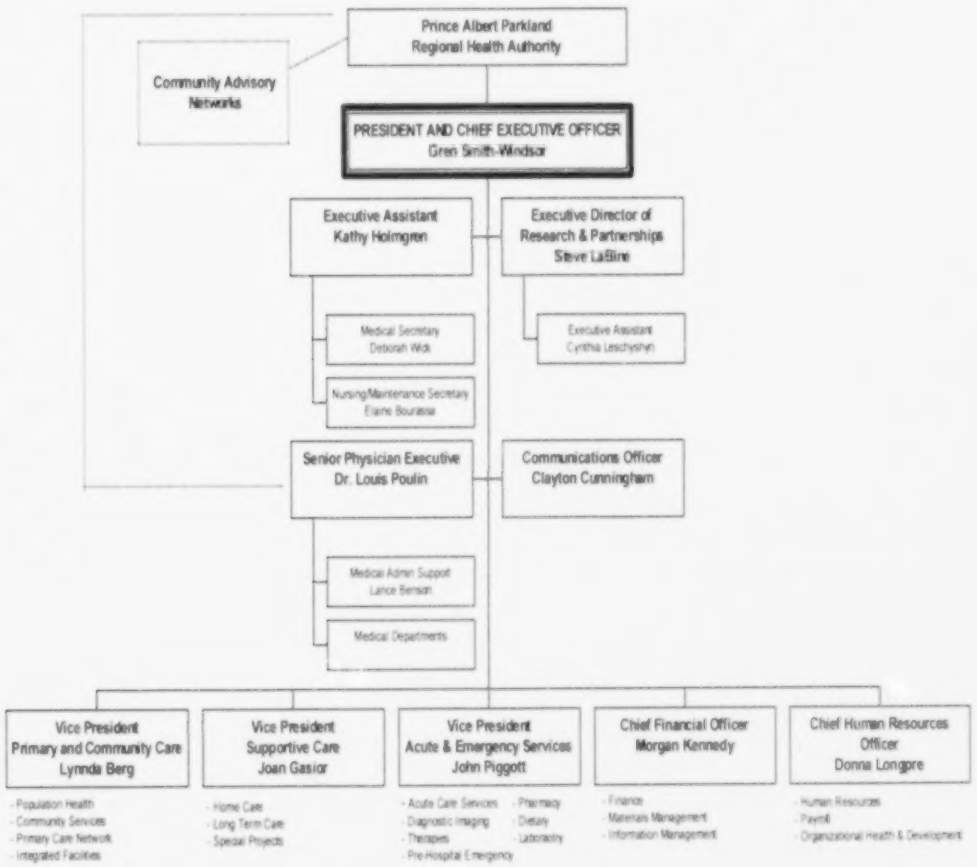
Management Council

Management Council meetings are essentially Department Head based. This consultation and communication meeting includes managers and supervisors that have staff reporting directly to them. Program and policy changes, human resource issues etc. are handled at this level. Meetings are scheduled approximately 8-9 times a year.

Administrative Council

Is a general information meeting also at a manager and supervisor level. These meetings allow managers to share program information, educational material or general communication items with other managers. They are held 3-4 times a year.

Prince Albert Parkland Health Region
May 15, 2003



Region Advisory Structure

Ministers Forum and Leadership Council

The Ministers Forum is consultative process held between the Regional Health Authority Chairs and the Minister of Health.

Leadership Council is similar in planning structure and involves the Deputy Minister and the President and CEO's of the Health Regions.

Both mechanisms provide a collaborative effort to define future process, to confirm service and performance expectations, to resolve issues associated with reporting, monitoring and analysis, and to ensure input into the development and establishment of strategic directions and priorities for the health system.

Accountability is an area that is outlined in Sask Health's *Action Plan.* The accountability framework defines and clarifies the performance relationship between major third parties, such as the RHA's and the Province. This accountability framework includes roles and responsibilities, strategic and operational planning, links to annual budget development, performance management, reporting and implications of meeting or not meeting expectations.

Most of the strategic planning, expectations and operational directions occur at the RHA level. If there is difficulty in resolving specific issues of concern in accountability planning, the Ministers Forum or Leadership Council are avenues that can be pursued.

Community Advisory Networks

The Community Advisory Networks were established in accordance with *The Regional Health Services Act*, Section 28 and directives from Saskatchewan Health. The Networks are designed to promote active and representative citizen participation in keeping with the Regional Health Authority's community development role. The Community Advisory Networks will advise the Authority on broad issues respecting the provision of health services in the Region. The Community Advisory Networks will also assist the Authority to understand the needs, preferences and priorities of people and communities.

There will be two Networks; one rural/urban and one First Nation. Authority members and/or their representative, may be appointed by the Authority to Networks as liaisons. Network meetings may also be co-chaired by a member of the Network and a representative of the Authority.

Initial terms of appointments for participants may range from 1-3 years.

Participants on the First Nations Community Advisory Network will serve for a term determined by Chief and Band Council. Each First Nation Band Council may appoint up to two members to the First Nations Community Advisory Network.

The schedule for Network meetings will be co-ordinated with the planning and reporting cycles of the Authority, with approximately two to three meetings occurring per year.

CONTRACTED HEALTH CARE ORGANIZATIONS

The following are highlights of some of the contracted service with the Prince Albert Parkland Health Region.

Ambulance Service
Parkland Ambulance Care, Spiritwood Ambulance Care, Blain Lake Ambulance Care, Big River Ambulance Care, WPD Battleford and the Melfort Ambulance Care provide contracted Emergency Medical Services for our Region. The newly expanded First Responders programs in many communities has met with great success and we congratulate our Regional Ambulance providers on their inroads.

Rural Mental Health Services - A psychiatric nurse and a mental health worker provide mental health services. Services are provided in a variety of settings – Health Region facilities, schools, clients' homes, etc. A wide variety of services are provided including:

- family and marriage counseling
- individual counseling for issues including anger management, depression and grief
- community follow-up and medication management
- education to school and community groups upon request (eg., stress management workshops, healthy relationship presentations)

Physician Services - General Practitioners are contracted to provide itinerant medical services in outlying communities of Birch Hills and Hafford. The community of Hafford raised some concern about recruiting a full-time resident physician for their community. The Spiritwood Medical Clinic has been able to fill the vacancy by providing physicians 3 times a week. A variety of specialized Physician services are provided to Kelsey Trail Health Region and Mamawetan Churchill River Health Region.

Physiotherapy (PT's) - PT's have regular clinic days in Shellbrook and Spiritwood hospitals, and the Birch Hills Medical Centre. PT's provide individual client assessment, treatment and education for a wide variety of physical conditions. Some of these conditions include: hip and knee replacements, injuries to bones, joints and muscles, respiratory conditions such as COPD (chronic obstructive pulmonary disease) and pneumonia, stroke and back injuries.

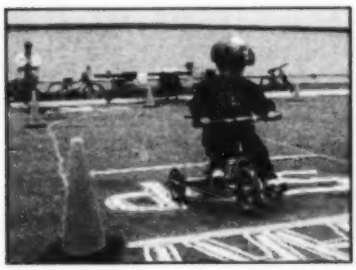
Secondary Assessment and Treatment Program – This is a third party payer program for clients referred from SGI and WCB. It is a multidisciplinary approach to treatment focusing on functional rehabilitation, education, counseling, and return-to-work. It is "active" as opposed to "passive" in delivery. Clients attend for treatment on a daily basis for 4 hours (Mon-Fri.). The team consists of a physical therapist, exercise therapist, PhD psychologist, physician and chiropractor. Revenue generated from this program funds all the positions mentioned and also funds some equipment for the department. Client outcomes and costs are closely monitored and compared to other provincial treatment centers.

Chemotherapy Outreach Program – The Chemotherapy outreach program offers cancer treatment to patients in the Region through the Victoria Hospital. A team of specialized

registered nurses administers the Chemotherapy and education for the clients. The program is a partnership of the Saskatoon Cancer Clinic. Administration of the Chemotherapy drugs is handled by the Cancer Clinic in Saskatoon.

Victoria Hospital Dialysis Unit – The Dialysis unit of the Victoria Hospital is a satellite of St. Paul's Hospital in Saskatoon. A Nephrologist from St. Paul's provides medical direction for the unit. It has 8 state of the art computerized hemodialysis machines. The unit is also a template for future satellites in the province.

Acquired Brain Injury (ABI) Program – The Sask. North Acquired Brain Injury Outreach Team is one of three teams in the Province and is part of a comprehensive strategy managed by Saskatchewan Health and funded by Saskatchewan Government Insurance. Based in the Prince Albert Parkland Regional Health Authority the program provides responsibility for providing services in the following RHAs: Prince Albert Parkland, Kelsey Trail, Keewatin Yatthé, Mamawetan Churchill River Health Authority. Each Outreach Team consists of a variety of rehabilitation professionals experienced in the field of acquired brain injury. Our mission is to provide individual and family support to people with acquired brain injury so that they may live successfully in their communities with improved quality of life. An ABI Prevention/Education Assistant works with rural schools and community groups with a focus on education and prevention of head injuries.



Sexual Health Services – Includes anonymous test clinic/STD outreach clinics at Sandy Lake Reserve...every two weeks and Beardy's Okamasis Reserve once a month. The Sexual Health and Wellness Centre provides education on Sexually Transmitted Diseases/HIV/Hepatitis to any area that requests, usually North-Central communities. Education is also provided to health care providers on Needle Exchange Program (NEP), orientation on NEP and for training on pre and post-test counseling regarding HIV and Hepatitis C. The multidisciplinary group TARGET includes City Police, RCMP, Justice, Child Exploitation, Addictions Services, and Sexual Health and provide educational sessions with this group throughout the north.

Community Partners and Projects

Self-help and Recreation Education (SHARE) – This agency provides vocational and prevocational opportunities for people with emotional illness, this includes a range of contracted work assignments as presented by the community. The organization also provides a 6 space group home program, a respite program and outreach services for people needing support in living independently within the community.

The Joint Dental Care Project of the Cooperative Health Centre and the Prince Albert Parkland Health Region - Funding received from the Province is used to provide a school based dental program within the community schools of Prince Albert. The objective is to develop good dental health practices among children and to do some early identification and treatment. Every effort is made to provide education to the children and their families. The project works cooperatively with the National School of Dental Therapy in providing services in community schools throughout Prince Albert.

Methadone: Harm Reduction Program – Funding was provided for the development of the Methadone: Harm Reduction Program during the previous fiscal year. The program is now very much a reality with over 120 persons enrolled in the program. The Coordinator, Maureen Simpson working with Dr. Leo Lanoie, Dr Greg Obrigovich and Dr David Crawford, have been able to develop policies and a framework for the on-going case management of clients many of whom have an addictions to opiates. A local steering committee was established to provide guidance to the program. This committee was selected from the key players in the program that meet monthly to exchange information and provide input to the program. The Methadone program is a service provided in partnership with the Cooperative Health Centre under a contractual arrangement.

Young Offender Program – Over the past 3 years, Prince Albert has been selected to work as a demonstration site along with Regina in the area of Young Offenders. A position within the region had been established for the treatment of High Risk Violent Young Offenders and additional funding was provided to design interventions that would prevent adolescents from entering the custody facilities. The funding received has provided for the development of our youth outreach program at Addiction Services with two workers hired to work within the community to this end. Some additional funding under this project was made available to look at prevention. Under this project, we were able to coordinate efforts with the "Kids First" early intervention program and the Methadone program to provide services to the children and families of intravenous drug users. This project, known as the Kookum project, is provided through the Prince Albert Grand Council-Urban Aboriginal Healing project. Elders are provided to work with the mental health and addictions worker provided by Kids First to intervene and provide for the needs of this high risk group.

Canadian Mental Health Association – This national Association has a branch in Prince Albert to assist people with emotional and mental illness in community living. The partnership provides independent living, drop-in services and vocational placements. The program runs a successful used clothing store called "As Good As New"; it provides work for up to 12 people and a drop in centre known as the "Nest". The Association provides support to clients, family and friends in meeting the challenges of daily living.

Prince Albert Council on Alcohol and Drug Abuse (PACADA) – This agency provides a full range of adult addiction services including an outpatient counseling program, the Driving Without Impairment program and the Safe Driving program. PACADA also provides a worker in the high schools in Prince Albert to assist in dealing with relationship and addictions issues and collaborates with the Cooperative Health Centre in planning for services to people with long-term drug addictions and the Methadone Project.

The Mobile Crisis Cooperative - is an emergency call service providing assistance in situations requiring a 24 hour a day response where the home is the place of the emergency. The Prince Albert Parkland Health Region, the City of Prince Albert, the Prince Albert Grand Council, and the Department of Social Services jointly fund the crisis line, mobile workers, and the sexual assault program.

TRANSITION TOWARDS REGIONALIZATION

The Beginning

The Regional Health Authority #9 Planning Committee was established on February 28th, 2002 when the Government of Saskatchewan announced plans to replace the existing 32 Health districts with 12 Regional Health Authorities (RHA's). Regional Health Authority #9 appointed by the minister of health was made up of the existing Parkland Health District and the Prince Albert Health District.

The planning committees were established to work with the current district boards to ensure an effective and efficient transition. In preparation to becoming the governing body the planning committees had to familiarize themselves with the Provincial Government's *"Action Plan"*, receive education on strategic and board governance and accountability issues, develop skills as effective board decision makers and familiarize themselves with the Region, communities, people, programs issues and needs. The Planning Committee had no authority to make decisions which affected the operations of the former Parkland and Prince Albert Health Districts.

A Secretariat was appointed to the Regional Health Authority Planning Committee to provide managerial and administrative support. Stan Rice, former CEO for the Prince Albert Health District worked closely with Saskatchewan Health to coordinate and assist with the Planning Committee to fulfill its mandate. The search for a new CEO officially began when Rice was appointed. Rice's appointment ended when Gren Smith-Windsor former CEO of Gabriel Springs Health District was appointed in June. Gren replaced John Piggott who was appointed as interim CEO for the former Prince Albert Health District and Lynnda Berg CEO for the former Parkland Health District.

Subsequent meetings were held throughout the region giving the members an opportunity to tour the various health facilities and view the programs currently offered.

The Planning Committee established a budget for meeting expenses for the period April 1, 2002 to Sept. 30, 2002. The Committee also adopted a communications strategy aimed at keeping the public and staff informed of their activities. Information was provided through the regular internal and external news letters of the Parkland and Prince Albert Health Districts and through media advisories after each meeting.

The Planning Committee indicated it's intention to establish the head office in the City of Prince Albert. Prince Albert is the largest community in the Region with the majority of the staff situated in the City. Availability of office space, main highway access, and information technology infrastructure were factors which affected the decision.

In July comparison work began on Board policies from Parkland and Prince Albert Health District.

A sub-committee was established to review pending legislation with respect to regional health authorities.

Regionalization Becomes Reality

Legislation was proclaimed to establish the new RHA's on August 1st, 2002. This allowed the Planning Committee to officially replaced the boards of the health districts. Following the proclamation of *The Regional Health Services Act*, the transition process of planning to operate as a Region began. Ray Ewanchuk who was appointed Chair of the Planning Committee and Howard Gange who was Vice Chair now became officials for the new

Authority.

Gren Smith-Windsor, the new CEO, began a consultative approach to forming the new Regional administration. On August 13th managers and physicians from both districts attended a 1-day meeting to get acquainted, and to discuss the process of forming and working together as a region. Working Groups were formed to help prepare for transition and integration of the two former health districts. Working Groups were established for Human Resources, Community Services, Home Care, Communications, Acute Care, Long Term Care, Physicians, and Finance/Information Technology. Each group identified some initial issues that required attention in order to form a regional concept. It became apparent that there were some similarities, but many differences. Needless to say this was just a very initial step, and the Working Groups were given many tasks as the process proceeded.

A Regional Transition Committee (RTC) was established to review the reports from the working groups. They also assigned more detailed work as the transition progressed. The RTC basically consisted of the senior managers, Chiefs of Staff, the CEO plus a Sask Health Consultant – 18 people in all. Their aim was to provide support for RHA Planning Committee. The issues covered included: board bylaws, policies, financial planning/information, human resource planning and staff development relating to the transition.

In the meantime, the CEO directed that all existing management structures remain in place until a new organization plan was developed. Smith-Windsor also met with the former Health Districts Chiefs of Staff and initiated contacts with the unions (SUN, HSAS, and CUPE).

Throughout the summer and the fall, preliminary work began to integrate the finance and materials management departments. Staffing changes were made or determined. A consolidated financial summary of Prince Albert and Parkland Health Districts was used until the new Region's first Financial Statement was introduced April 1st, 2003. Also April 1st all Materials Management functions ie. Requisitions, inquiries for products, contract services or supplies were all now handled through the Victoria Hospital site.

The Region also undertook an assessment of all the buildings owned by the new Health Authority. On September 11,12, and 13th, Prince Albert's Director of Facilities Management and Engineering, Hugh Ritchie, and Chief Information Officer, Bruce Beaurivage, traveled to all Parkland sites to look at the mechanical, fire, communication and security systems and met with Dave Senum, Parkland's Maintenance Coordinator. The information gathered was then used to develop a 5-year capital plan for the Region's infrastructure.

A 3-day strategic planning workshop was held in September. At that time, work began on a new name for the Region, a Region wide vision, mission and value statements began to develop and a new corporate identity was being created. Work also began on the development of Community Advisory Networks. This was suggested as a way to include public involvement in public health care systems under the *Action Plan.*

Progress continued in the area of organizational restructuring following a presentation to the Authority in October. Appointments of Vice Presidents were confirmed and all persons reporting to the VP's were also concluded. A reduction in the number of senior managers was accomplished through management restructuring. The Administrative restructuring plan was successful in reducing costs at the senior management level.

The Region is Born

Regional Health Authority #9 held a contest asking the public and staff to submit a new name for the Region. Suggestions to combine both the names of former Prince Albert and Parkland Health Districts together formed the most frequent submission. Regional Health Authority #9 officially changed it's name to the Prince Albert Parkland Health Region on October 25th, 2002. An Order in Council was approved by Cabinet on November 1st, 2002 adopting the names of all the Saskatchewan Health Regions.

Also in October the Authority approved it's new Vision and Mission Statements.

The Prince Albert Parkland Regional Health Region's new logo was created by a local firm to capture the "bread and butter" of people living in the area. Life on the farm, the forestry industry and the many resort communities are well represented in the design on the logo. The Authority took into account a number of factors in making their decision about the logo; including costs, name recognition, and how it fit with the corporate identity. The logo was adopted on December 18th, 2002.

Introduction of the new visual identity began. New letterhead, new macros for computers, new forms, new signage for buildings and vehicles started to rollout throughout the region. In most areas forms and documents were replaced as old stock ran out saving major dollars in reprinting fees.

A closer look at primary care began in November. The Authority approved the reappointment of medical staff of the Region for 2002.

The Authority began to review it's governing policies. The policies are the Boards goals and objectives. They were developed to fall in line with the goals outlined by Saskatchewan Health.

One of the responsibilities outlined in the Regional Health Services Act required the development of one or more Community Advisory Networks. A proposal was developed to cover the region. Letters and Expressions or interest were sent out to the public in March. Two groups were established. One covering the rural/urban areas of the region and second group to cover aboriginal population.

Amalgamation of Human Resources transpired through the fall and into the spring. The Payroll officer position that was vacant in both the former Parkland and Prince Albert Health Districts was filled. The HR department consolidated into it's current location at the Herb Bassett Home in Prince Albert.

The transition into a Region from two Health Districts has been a major undertaking. Selecting a name, creating an identity to the task of combining duplicated services and programs the change has meant that all staff have been involved or affected during the amalgamation process. There are still many changes to the organization, programs and services to better meet the needs of our clients as we head in 2003/04.

REGION INITIATIVES AND ACCOMPLISHMENTS

Kinistino Consolidation

Decisions implemented in the past year have brought services in Kinistino closer to a single site comprehensive service with the combining of all programs and services into one location at the Jubillee Lodge. With some minor renovations, the health clinic was opened within Jubilee Lodge and Dr Jan Moe's office practice was moved to this location. The former Kinistino hospital building was turned back to the Town of Kinistino as was the local clinic and residence. The shortage of nursing staff as well as declining numbers of admissions to the Kinistino Hospital made the consolidation of services in one location a necessity. A local planning committee continues to be involved with the on-going planning of services for the community with the hope of developing an integrated primary care facility in the future.

Research Initiatives

Prince Albert Parkland Health Region continues to be involved in formal research projects. Currently, we have research in the Emergency Department at the Victoria Hospital on the use of two different types of medications with persons presenting with acute coronary syndrome. The research involves Dr. Thomasse and the internists at Prince Albert and is known as the RESCUE study.

There have been studies initiated in the former Parkland Health District that focus on our own understanding of striking out or violent behaviors in Long Term Care and integrated facilities. This study is currently underway and will provide insight as to patterns in these behaviors and how we manage the situations that result.

There is on-going medication testing and drug study related to persons with a Long Term Mental Illness at the Prince Albert Mental Health Centre. These studies have provided some interesting results and Dr. M.Z. Hussain has presented his findings both nationally and internationally. The Centre is also piloting a research project dealing with Client involvement and tracking of progress clinically for families attending the Family Psychiatric Consultation clinic.

SHEA Award

Prince Albert Parkland Health Region's Sexual Health Clinic received a Saskatchewan Healthcare Excellence Award for their achievement. The Awards recognize health care professionals who have shown excellence in their field, commitment to their work and respect among their peers and the public. The Sexual Health Clinic team was nominated for their health promotion work in Prince Albert and across the north, community information inroads and daily impact of the lives of the people that come to them in confidence.

Through a number of innovative approaches, such as the Dinner theatre presentations to parents and elders in aboriginal communities, involvement with the KAMAMAKUS acting group, the formation of the TARGET Project, the Prince Albert Sero Prevalence Study, and related work with HIV and HEP C and much more, the team has been able to tackle substantial problems in our communities and across the province. The outreach of this clinic also extends to individuals incarcerated in both federal and provincial facilities in Saskatchewan including the anonymous testing program at the Penitentiary. The Sexual Health Clinic has also assisted other regions in developing Sexual Health services and continues to provide training and support on request.

X-ray Equipment for Victoria Hospital

The new flouroscopy x-ray machine was installed in the Victoria Hospital late in fall of 2002. The new unit along with a portable C-arm were purchased through a partnership with the Northern Lights Community Development Corporation. The first installment, part of a 5 year pledge of approximately $825,000 was received allowing the project to proceed. The new flouroscopy x-ray unit replaced one of two at the Vic that was over 20 year old. The NLCDC was pleased to participate in the donation because of the benefit to residents of the Region and to residents living in Northern Saskatchewan.

Integrated Clinical System

The 2002/2003 year was significant for the partnership created between SHIN and the Prince Albert Parkland Health Region. A great deal of progress was made in the planning and implementation of the Integrated Clinical Systems (ICS) project.

Five health regions are involved in the ICS project. It will see the common implementation of applications in five areas including: pharmacy, lab, home care, central patient index/registration and common view.

Work groups in each functional area made up of representatives from each region and SHIN have working to ensure the common implementation plans meet the needs of providers across regions.

In this year the Prince Albert Parkland Health Region, with assistance from SHIN, succeeded in implementing the home care and lab applications. We have to commend the staff in these departments for their hard work and commitment to making the transition to the new systems happen as seamlessly as possible.

PAPHR's Rise application is currently hosted centrally at SHIN. We will begin work in the coming months configuring the existing registration system in the RiseHealth Suite to ensure it is implemented in a manner common to the system implementation planned for the four other regions.

PAPHR has been able to play an important leadership role in implementation of ICS project components that will continue to benefit other ICS projects and partners in 2003/04.

Smoking Campaign

A partnership between the People for Smoke Free Places, The Cooperative Health Centre and Region. A petition was launched this spring in the City of Prince Albert asking for a plebicite during the next civic election. City Council agreed to make all public facilities smoke free by 2005 just as momentum began to build on the petition. The partners are working with City sub-committee to draft up a Bylaw.

1521 Service Changes

Services and programs offered out of the 1521 building in Prince Albert were rearranged to improve space requirements to allow some of the programs to expand/consolidate. Diabetic education grew to include a new training room and private office areas for better one on one client interviews. Public Health Inspection moved to the second floor also giving them much needed filing space, additional office space to accommodate additional Inspectors. The shuffle opened up space to move Podiatry services from McIntosh Mall into 1521. This improved the link between Diabetic education and the Podiatry service.

REGIONAL ENVIRONMENTAL SCAN

The Regional Environmental Scan is important part of any planning process because it gives an indication of what needs and health issues are facing our population and clients.

The statistics are a combination of information compiled by Canadian Institute for Health Information, Statistics Canada and Saskatchewan Health.

The following chart shows quick glance at the demographics of our Region.

PROFILE	Canada	Saskatchewan	PAPHR
Population	30,859,000	1,021,000	77,000
% Age 65+	12.4%	14.4%	14.9%
Dependency Ratio	46.1	56.4	61.4
% Population Urban	79.6%	64.1%	49.0%
% Population Aboriginal	3.4%	13.6%	31.4%
Lone Parent Families	15.7%	15.8%	18.5%
High School Graduates	85.3%	79.5%	75.1%
Unemployment Rate	7.7%	5.7%	8.3%
Youth Unemployment	13.6%	11.0%	17.3%
Income (ave. personal)	25,196	22,541	20,644

From the table above we can see that the 65+ population is not going to grow as a percentage of the total population. This is important to our planning process because it suggests that we will have to provide more services such as pediatrics and maternity to younger people.

The dependency ratio at 61.4/100 is high and the average personal income is low. More people need support and we have less monetary resources to do it. Our overall unemployment rate is high at 8.3% and our youth unemployment rate is 17.3% compared to Saskatchewan at 11.0%. Lone parent families are high at 18.5% compared to Saskatchewan at 15.8%.

The health status indicators tell us a few very interesting things. First of all the life expectancy at birth (78.6 years) and at age 65 (19.6 years) is very good and our disability free life expectancy at age 65 is higher than Canada as a whole (11.9 years vs. 11.7).

HEALTH STATUS	Canada	Saskatchewan	PAPHR
Self Rated Health Very Good or Excellent	61.4	56.7	57.8
Functional Health Very Good or Perfect	80.5	77.8	77.4
Body Mass Index >27	31.90	39.1	47.9
Diabetes	4.1%	4.0%	6.5%
Asthma	8.4%	7.5%	7.8%
Arthritis	15.2%	18.5%	21.6%
Disability Free Life Expectancy at Birth	68.6	68.3	67.2
at 65	11.7	12.0	11.9
Potential Years of Life Lost/100,000	5501.2	6053.2	6980.7
Life Expectancy at Birth	78.5	78.5	78.6
at 65	18.2	18.7	19.6

It becomes clear where we have to concentrate our efforts when we look at some of the other indicators. Our potential years of life lost is 927.5 years greater than Canada as a whole.

Two of the indicators body mass index >27, and the diabetes rate may be part of the reason for the high potential years of life lost. The body mass index is 47.9% compared to Canada as a whole at 31.9%. Our diabetes rate is 6.5% compared to 4.1% for the rest of Canada. These numbers suggest that the portion of our population that is healthy is pulling up the figures for life expectancy and the portion of our population that is unhealthy is dying sooner than most. They are also unhealthy for a longer time than other Canadians by 1.4 years.

The people of our region are dying from different causes than in other places. The suicide rate for Canada is 12.4 per 100,000. PAPHR rate is 18.1 per 100,000. The unintentional injury deaths for Canada is 27.0/100,000 and the PAPHR rate is 45.7/100,000. All other causes of death statistics that are reported are lower in this region than elsewhere.

CAUSES OF DEATH /100,000	Canada	Saskatchewan	PAPHR
Circulatory Disease	239.2	235.6	206.9
Malignant Neoplasms (Cancers)	184.1	172.5	171.3
Respiratory Disease	61.0	59.3	51.7
Suicide	12.4	13.4	18.1
Unintentional Injury	27.0	33.1	45.7
AIDS	2.6	0.8	suppressed

The non-medical determinants of health reflect society and its values. These are things that are very difficult to effect on a Regional level.

On a whole people of this region smoke more, drink more and are more sedentary than the rest of Saskatchewan or Canada. On the positive side there is a low reporting of stress. If the causes of death are to remain low the non-medical determinants of health must get back in line with the norm for Canada.

NON-MEDICAL HEALTH DETERMINANTS	Canada	Saskatchewan	PAPHR
Smoking status (daily or occasional)	25.9	27.6	31.0
Exposure to second hand smoke	27.6	30.7	N/A
Frequency of heavy drinking	20.1	24.0	24.2
Dietary practices (fruit and vegetables 5+/day)	37.2	29.3	N/A
Leisure-time Physical Activity	42.6	44.1	47.7
Life Stress (quite a lot)	26.1	25.0	21.1

C-Sections

The "Health Indicators" report for 2003 from Statistics Canada and CIHI tells of a success story that is unparalleled in Canada. Our cesarean section rate is 12.0% of deliveries (2000-01) compared to Saskatchewan at 18.4% and Canada at 21.4%. Our vaginal birth after cesarean section rate is 61.4% of previous cesarean sections compared to Saskatchewan at 38.3% and Canada at 29.9%. Our Hysterectomy rate is 364/100,000 compared to Saskatchewan at 528 and Canada at 446.

There are two ways these numbers can be interpreted. They could be the "gold standard" for which others should strive or they could be interpreted as an access problem. Further analysis of other indicators suggests that this is an indication of high quality health care delivery that merits "showcasing" at a National level.

Low and High Birth Weights

Low birth weight is defined as a baby that weighs between 500 and 2500 grams. Most statistics do not separate pre-term and term births nor do they consider the effects of "low birth weight death". A hospital that has a neonatal unit would therefore have a higher number of low weight births than our hospitals. Our low birth weight rate (1996) was 5.0%. A rate that is considered "good". Saskatchewan was 5.3% and Canada was 5.8%.

The high birth weight rate which is usually defined as over 4000 grams is not reported on as often. Our rate for 2003-2003 was 22.8%. The Assembly of First Nations reported "almost 20%" of First Nations and Inuit children (1997) weighed more than 4000 grams at birth. Keewatin Yathe reports a high birth weight in the north of 18.7% The Provincial average is at 13.4%.

Our high birth weight rate is an indicator that is very useful for us as a Region. It is an indication of potential diabetic complications that could develop in the mother and in the child later in life. This issue can be addressed through further education or health promotion.

Health System Performance

The 30 day acute myocardial infarction in-hospital mortality rate is 12.5% which is the rate Provincially. It is higher than the national rate of 12.1, lower than Regina (12.8) and higher than Saskatoon (11.1).

The 30 day stroke in-hospital mortality rate for PAPHR is 18.8%. That is better than the national rate at 18.9% but higher than Saskatchewan as a whole (17.4), Regina (15.6) or Saskatoon (16.3).

The above two measures must be considered along with the death rate in those categories. Nationally the death rate for all circulatory disease deaths is 239.2/100,000. Saskatchewan is 235.6/100,000, Regina is 242.6/100,000 and Saskatoon is 235.7/100,000. The Prince Albert Parkland Health Region is 206.9/100,000. It is very difficult to say that our readmission mortality rates in those two categories is inappropriate when our death rate for those categories is so much better than everywhere else.

The pneumonia and influenza hospitalization rate is higher than the national rate (1092/100,000) at 1258/100,000 but lower than the Provincial rate of 1468/100,000.

The pneumonia readmission rate is low for our Region at 2.7% which is better than the national (3.2%), Provincial (3.5%), Saskatoon (3.4%) and Regina rates (2.8%).

The asthma readmission rate is 9.7% in this region. This is higher than the national and provincial rate of 5.9%. Both Saskatchewan (6.9%) and Regina (5.2%) have lower rates as well. It should be noted that Respiratory Disease as a cause of death in our region (51.7/100,000) significantly lower than the national (61.0/100,000) or Provincial rates (59.3/100,000). This suggests that circulatory problems and respiratory problems are more successfully treated here.

Aboriginal Population Projections

The National distribution of Registered Indians is changing. Population growth is uneven across Canada. The Prairies are experiencing the largest growth, particularly in Manitoba, followed by Alberta and Saskatchewan. The Registered Indian Population is expected to increase in these provinces largely due to a higher projected fertility rate. There are no isolated First Nation's communities in the PAPHR. In addition, growth in a population occurs where there is economic growth. Therefore, the Registered Indian population projection for the PAPHR may not follow the national population projections stated in the Registered Indian Population Projections for Canada and Regions document produced by Indian and Northern Affairs Canada. Rather, the population projection for Registered Indians in the PAPHR may grow faster off-reserve rather than on-reserve as Federally projected. The off-reserve population in the PAPHR is 6,897 or approximately 45 percent of the total First Nation's population (15,480) in the PAPHR. The PAPHR has the third highest population of First Nation Peoples in the province. The First Nation's population comprises 20 percent of the PAPHR population.

Nationally, the Registered Indian population could increase at an annual growth rate of 2 percent over the 10-year period from 658,000 in 1998 to 798,000 in 2008. The on-reserve Registered Indian population could increase from 387,900 in 1998 to 508,900 in 2008 with an annual growth rate of approximately 3 percent. The projected off-reserve growth rate, increasing from 270,000 in 1998 to 289,000 in 2008, is expected to be comparable to the Canadian annual growth rate of approximately 1 percent for the same period. The off-reserve population nationally is expected to grow at a slower pace than the on-reserve, largely due to the inclusion of migration assumption (net outflow to reserve communities annually from the off-reserve population). As well, lower fertility and mortality rates and higher out-marriage rates are observed off-reserve.

In general, the uncertainty of future change in any population increases as the projection period lengthen and is greatest for smaller populations, such as in the case of First Nations Peoples. The projections are assumptions developed based on past trends.

Aboriginal Health Status

The Health Status of First Nation Peoples is poor. The hardships experienced by Aboriginal peoples are similar to those experienced by all Canadians in similar circumstances, threats to health status are amplified in some Aboriginal populations. The comparatively poorer health status of the Aboriginal population is illustrated by the following:

- The life expectancy of Registered Indians is 7 to 8 years shorter than for non-Aboriginal Canadians
- Unemployment rates, incidence of lower educational attainment and welfare dependency are higher in First Nations communities
- The incidence of violence, physical and sexual abuse and suicide is higher in First Nations communities
- First Nation Peoples are increasingly affected by conditions such as cancer and heart disease

- Children in First Nations communities have the highest rates of accidental death and injury of all Canadian children
- Many First Nations communities have the highest rates of infectious disease such as tuberculosis and AIDS than non-Aboriginal Canadians
- Infant mortality rates in First Nation Peoples have been reported as being twice as high as the population as a whole
- The rate of diabetes for Aboriginal peoples is three times higher than the rate of the rest of the population.

Improved access to and utilization of health services is dependent on a partnership between First Nations communities and Regional Health Authorities (RHA) in order to develop and implement a common vision of health that strengthens and protects culture, values and tradition. Due to the high population of First Nation Peoples in the PAPHR, the poor health status, and the population projections, building partnerships and aligning health plans must occur between First Nations and the PAPHR in order to improve health status.

Emerging Regional Health Issues

West Nile Virus

The Region's Public Health Inspection Department, the Medical Health Officer and Region Communication department is working in conjunction with Saskatchewan Health's monitoring system, Saskatchewan Environment and Resource Management conservation officers, local pest control agents, Rural Municipalities and Reserves to keep the public informed of precautions being taken. Mosquito populations are being studied and information on proper collection of suspect birds is being distributed. Plans and funding are being allocated in a proactive fashion because this is a relatively new problem and the disease will likely not affected our Region directly.

SARS/Pandemic Preparations

Since the world wide outbreak of Severe Acute Respiratory Syndrome the Region has been making many policy and protocol changes with direction from Sask Health and the Federal Government by way of the Centre for Disease Control. The outbreak has stepped up the urgency on Pandemic planning with the emphasis being placed on community and internal processes being developed taking into account regionalization.

Water Quality

Water Quality remains to be a high priority as community water and sewer infrastructures age. Our Public Health Inspection team has been actively going through each community public water system making sure they meet the new codes developed by the Federal Government. With the last few years of dry weather the problem has compounded due to low lake levels and low water tables. Current agricultural practices are also having a significant impact on microbial growth in public water systems as water systems have a hard time replenishing. Ongoing promotion has been successful however some reluctance has been met by the public.

Internal Regional Analysis

Facility Requirements

The formation of the Prince Albert Parkland Health Region brought together two former Districts which had quite different inventories of buildings and facilities. The former Parkland Health District had an inventory of reasonably new buildings with a couple of exceptions. They are for the most part smaller high cost business units. The former Prince Albert Health District had a mixed inventory of very old and newer buildings with for the most part larger capacities and lower operating costs.

The decision to headquarter the Health Region in Prince Albert in the former District Administrative Offices has meant that a number of Departments are remote from the main administrative offices.

Completion of the renewal of the Victoria Hospital remains a priority with a number of key areas remaining to be renovated and renewed. The lack of proper facilities for Materials and Waste Management is a huge problem.

The older facilities at Jubilee Lodge, and Pineview Terrace are very difficult to operate and maintain and continue to be considered for renewal.

The Acute services provided out of the Shellbrook hospital and long term care through Parkland Terrace needs to be studied and reviewed with a view towards replacing these facilities with a new complex.

The Mental Health Villas have provided excellent program and treatment since their construction but the lack of on-going renewal and replacement has meant that these facilities are now in urgent need of significant action. This was identified in the Mental Health Action Plan.

The Region does have some excellent acute facilities in Big River and Spiritwood. The primary care centres in Birch Hills, Hafford and Kinistino provide good physician and health professional services. Our special care homes in Leask, Canwood and Birch Hills as well as our affiliate Mont St. Joseph provide some of the best facilities in the province.

Equipment Requirements

The Region received $654,483 federal/provincial grant for capital equipment purchases. An equipment list highlighted by urgency had been established. These dollars were earmarked for specific items including: 2 ventilators, 5 fetal monitors, 4 infant warmers, endoscopic and arthroscopic equipment, a centrifuge, blood pressure monitors for obstetrics and ambulatory care, a tissue embedder, a tourniquet system and a number of other items. A new list has been prioritized for 2003-04. Staff and management continually assess the long term feasibility and reliability of equipment and instruments that are in use daily. Often for patient safety the equipment is replaced as it becomes dated or no longer useable.

Human Resource Requirements

Our Human Resources department continues to work on recruitment and retention of staff in all Region facilities. The Nursing shortage has brought on changes in Long Term Care facilities with the increase use of Licensed Practical Nurses. Diagnostic Technicians and Technologists are in short supply Provincially and Nationally. Physicians and Specialists such as Anaesthesiologists, Obstetrician Gynecologists are some areas the Region also works hard to maintain.

PROGRESS AND RESULTS

Improving Access to Quality Health Services

Primary Care

Early during the next fiscal year, PAPHR will be submitting a plan to government outlining how it will develop a network of primary care teams throughout the Region. Essential principles in the plan will be staff, Physician and community input, teamwork and ongoing dialogue with many stakeholders. The plan will include development of specific sites throughout the Region with the overall goal of having 25 % of the population with access to primary care teams by the end of 2007. Funding for the sites will be partially provided by dollars included in the Federal Health Accord managed by Saskatchewan Health.

Mental Health

A Utilization Review highlighted the need to review the Inpatient Mental Health service. The Vice President of Primary and Community Services, Lynnda Berg and the Executive Director of Community Services, Frank Regel developed an analysis of bed utilization and trends drawing reference on other mental health units throughout the Province. A list of recommendations as well as an Action Plan in Mental Health was presented to the Authority for in March 2003.

Highlights of the recommendations included: the development of a standing Mental Health Advisory committee, the need to review and re-evaluate the growing needs of children and adolescent regarding inpatient care, and the on-going need for the Villa's rejuvenation and renovation.

It was concluded that the two Villas will remain open to provide a service at least until such time that the daily census can be managed in the capacity of one unit. An on-going working group was put in place to review the issues raised by the action plan under the chairmanship of Frank Regel, involving the supervisors and representatives of the unions.

Quality Improvement

The Prince Albert Parkland Health Region has made considerable progress toward regionalizing its quality improvement processes. The complaint and incident management processes of the former Prince Albert and Parkland Health Districts have been consolidated and responsibilities assigned to a regional Quality of Care Coordinator and Region Chief of Medical Staff. Together they receive, investigate, and follow-up on all complaints. Most complaints are resolved by the front line care providers and managers. Only a few complaints reach the level of the Quality of Care Coordinator.

For the year 2002-2003 the Quality of Care Coordinator received 90 formal complaints from 76 clients and/or families. A total of 71 of these complaints were resolved in this period with an average resolution time of 46.4 days, although 41 (or 57.7%) of these complaints were resolved in an average of 7.6 days.

Through its allocation of staff time and resources to quality and use of a new and innovative approach to learning from critical incidents, the Prince Albert Parkland Health Region has demonstrated its strong commitment to ensuring a high quality health system. The Region recognizes that improving patient safety and quality of care is not about finding individual blame, but it is generally about correcting broad, system level issues. The Region is participating along with Saskatchewan Health and other Health Regions, in a Province wide process that involves investigating, reporting and analyzing all critical incidents. The intent of

this critical incident review process is to provide a supportive environment for finding the root causes of adverse events.

Effective Health Promotion & Disease Prevention

Diabetes

A provincial plan for the control of diabetes was developed in 2001 based on information obtained from the "Diabetes 2000" report. This plan outlines a province-wide model for the delivery of team-based services to prevent and treat diabetes. Saskatchewan Health is providing financial support to regional health authorities to implement this new model.

The Prince Albert Parkland Health Region has an estimated 3398 person or 4.4% of its population diagnosed with diabetes. This is higher than both the provincial (4%) and the national (4.1%) average.

Last year the Region's Diabetes Education Centre was upgraded to accommodate space for a classroom, resource center and office space for a medical advisor and diabetes educators (nurse and dietitian). Programs addressing primary, secondary and tertiary prevention of diabetes were developed by a multi-disciplinary team including nurses, nutritionists, dietitians, and health promotion coordinators.

The education, planned care and treatment of a client with diabetes will continue to be enhanced further by providing a comprehensive and coordinated approach to services. The biggest strength of the program and the great advantage to the client is that there will be no exit from the program except by relocation out of the Region, a withdrawal of consent, or death. Regular follow-up and monitoring of every client will be standard practice; case management will be an ongoing activity.

The multi-disciplinary approach to diabetes management has demonstrated improvements in controlling blood sugar and in reducing hospital stays. Long-term benefits include reduced risk of eye and kidney disease, nerve damage, stroke and heart failure.

Healthy Living

The Region's Health Promotion Coordinators, nutritionist and dietitians devote a dedicated portion of their work specifically to primary prevention and focus on promoting healthy lifestyles for all ages, for all people within the entire community. The Child Nutrition Sub-Committee of the Community Networking Coalition, formed nearly three years ago, is a good example of a partnership formed with Prince Albert community schools and the Health Region as a result of broad concerns around children's nutrition. The region supports projects that demonstrate a reduction in risk factors for diabetes, particularly physical inactivity and obesity, and preventing low risk individuals from becoming high risk.

Improve the Health of Northern and Aboriginal Communities

The Prince Albert Parkland Health Region Registered Indian population is 15,480 or 20% of the Region's population (Saskatchewan Covered Population 2002). Of this population, approximately 40 – 50 % live off-reserve. The health status of First Nations Peoples is poor. As a whole, Aboriginal Canadians life expectancy is shorter, unemployment rate, abuse, accidental deaths and injury, and infectious disease rates are higher. Given the poor health status for Aboriginal people as a whole, and the Aboriginal population in the Prince Albert Parkland Health Region, prompt action is required to formulate partnerships and framework agreements

to address issues and improve First Nations health status.

Prince Albert Parkland Health Region is engaging in a consultative process to address health status with First Nation's communities within the Region, and their partners. A First Nations Community Advisory Network is being developed involving representation from the 12 First Nations communities within the Region. Accomplishments from this process will provide the framework for developing a health strategy for First Nations Peoples and the similar to that of the Northern Health Strategy Accord.

The desire to establish partnerships and align health strategies is shared by governments, health authorities and First Nation's organizations. In their foresight, the Prince Albert Parkland Health Region Board has adopted Ends policies, which define the long-range vision of the Region allowing and encouraging partnerships to be developed. This is aligned with Saskatchewan Health's long-range vision, which demands accountability in the Regional Health Authority's Performance Agreements. In addition, this is also aligned with the National framework, which promotes partnerships, framework development, and leadership and accountability.

Achieving Optimal Status of Residents - Supportive Care Services

The Region has set up a process to implement Individualized Funding Arrangements to allow another option for Home Care clients who want to remain independent in the community.

Removal of the 40-bed restriction for personal care homes has generated interest in the development of a larger personal care home, which would give residents additional housing and care options.

The Region continues to provide a level of professional nursing staff in Special Care Homes that exceeds legislated requirements. However, the current nursing shortage is limiting our ability to provide twenty-four hour, seven day a week, professional nursing staff on a consistent basis in many of the facilities. To help with the RN shortage, Licensed Practical Nurses, with an expanded scope of practice, have been introduced to Long Term Care.

Health Human Resource Planning– Recruitment and Retention

SRNA Quality Workplace Program

The Prince Albert Parkland Health Region has partnered up with the Saskatchewan Registered Nurses' Association in implementing the Quality Workplace Program. The QWP provides nurses and employers with tools to help create workplaces that will improve nursing retention, improve the quality of care and raise staff morale.

The SRNA has taken the lead role on implementing the program with support from the Saskatchewan Union of Nurses (SUN), Saskatchewan Health and the Health Services Utilization and Research Commission (HSURC). A guiding principle of the program is that frontline staff are involved in improving their working conditions. Surveys are done with staff to identify workplace issues. A working group is established to form recommendations and from there short and long-term goals are developed to address issues.

A key component in the Saskatchewan Health Action Plan support high-quality workplaces that successfully keep and attract staff in the Health care sector. In 2001 Sask Health committed $400,000 Provincially to quality workplace programming.

Rural Family Medicine Residency Training Program

The Prince Albert Parkland Regional Health Authority is working with the Department of Family Medicine and the University of Saskatchewan to offer a Rural Family Medicine Residency Training program beginning July 1st, 2003.

The two year program is similar to efforts currently being established in other provinces to train family Physicians who are more competent and confident to provide medical care outside of major urban centres like Regina and Saskatoon. 4 residents will be admitted to the 2003-2004 class and another 4 residents will follow for 2004-05.

The process began with a proposal from the Department of Family Medicine sent to the board of the former Prince Albert Health District. The board adopted the proposal in April of 2001. In the fall of 2001 core funding from the U of S College of Medicine was approved. A physician coordinator recruited in April of 2002 has been developing curriculum and will select the qualified residents for the program.

The Residency Training Program will have positive impact on recruitment and retention of family Physicians and Specialists for Prince Albert and our surrounding communities.

Aboriginal Representative Workforce Partnership Agreements

The former Prince Albert and Parkland Health districts had Representative Workforce Agreements. Many inroads were made in areas of ensuring cultural sensitivity in the workplace, provision for cultural awareness training for staff, and creating links to the Aboriginal labour force to all levels of available health care jobs. Work was done with Aboriginal Institutions and local secondary education facilities to deliver a Home Care/Special Care Aide course. This was a need that was identified in long term care facilities of both former Districts.

Through these partnerships the PAPHR will continue to develop, employ, educate and provide economic development opportunities for our Aboriginal people and communities.

A Sustainable, Efficient, Accountable Quality Health System

Technology Refresh Strategy.

Information Management is becoming more critical to the business functions of the PAPHR. With that in mind, the PAPHR realized that it had to adapt a strategy to keep its computing infrastructure robust and up to date. Within the last year, an infrastructure upgrade project took place to bring the computing environment up to standards in the former PAHD. At the same time, an Information Technology Refresh strategy was adopted to ensure the computing environment stays current.

Home Care. Within the last year the Home Care Client Scheduling System was ported to the Saskatchewan Health Information Network (SHIN) application hosting environment, taking advantage of the Community Net connection with SHIN. At the same time, the Home Care data base was migrated to be compliant with the provincial data model. The helps ensure the measuring and reporting of information will be standard across the Province.

Laboratory. Within the last year an old Lab Information System was replaced with a new one. The new one is hosted by SHIN and complies with the common provincial data model.

Community Net. Community Net connections have been installed in most of the communities in the PAPHR. This offers the potential for communities outside of the city of PA to access data and applications which are either hosted in PA, or hosted by SHIN in Regina.

CHALLENGES AND FUTURE DIRECTION

The formation of the new Region has brought about a number of challenges and issues that will take time and capital to address.

Recruitment and Retention has become a focus for health care across Canada. It is no different in the Prince Albert Parkland Health Region. Every day we are searching out prospective candidates to fill Physician Specialist positions. The Region continues to experience a shortage in Nursing across all programs. The Region is providing a level of professional nursing staff in Special Care Homes that exceeds legislated requirements. However, the shortage is limiting the Region's ability to provide 24 hour, seven day a week, professional nursing staff on a consistent basis in many of our facilities. Recruitment initiatives have intensified and new strategies are in the works to deal with the shortage over a long term. The Region is undertaking a new initiative to address sick time and work place challenges to alleviate some of the work related stress and issues in order to retain current staffing levels.

Health Promotion initiatives need to change to meet a new gamut of new problems facing our public. A high obesity rate, higher incidence of diabetes and a higher volume of smokers means that our population are not as active and have poorer eating habits than the rest of Canada. The Health Status for Aboriginal people in our Region will be challenging. This sector of the population is expected to grow 3 percent over the next 10 years. Higher than the national average. The immediate issues that need to be addressed include education and economic status. The incidence of violence, physical and sexual abuse, suicide, infant mortality infectious diseases and diabetes are high among Aboriginal populations. Improved access to and utilization of health services is dependant upon long term partnerships with First Nations communities and RHA's. The newly developed Aboriginal Community Advisory Network will help the Regional Health Authority understand their issues and concerns and help to develop a health strategy.

Emerging Health Issues such as safe drinking water, West Nile Virus and Influenza are items that are not constants as far a health issues. However when they are prevalent in our communities the specific situation becomes a priority. Constant preparation and planning takes place on various levels to ensure no or minimal impact occurs in our communities. The costs associated are not budgeted for and have to be dealt with after an outbreak moves on or an issue subsides.

Primary Care is major focus in the Action Plan by Saskatchewan Health and is the first foremost objective of the Health Region. Early in the new year the Region will be submitting a plan outlining the development of primary care teams. The network of teams will include all levels of staff and include public input. A team will be created for each facility. The main goal is to ensure the public has access to a primary care team. This will result in improved access and proper delivery of primary care.

Through *Quality Improvement* initiatives the Region has demonstrated a strong commitment to ensuring a high quality health system. Complaint and incident management

processes have been consolidated. A critical incident review process that involves investigating, reporting and analyzing incidents in facilities is underway with other health regions and Sask Health. This will help to provide a supportive environment for finding the root causes of adverse affects.

Equipment within all of our facilities become outdated very quickly. With the focus on the best client care this always become a factor to be as up to date as possible with the latest diagnostic equipment or fetal monitors, right down to the simplest of items like IV poles. Our obstetrics department at the Victoria Hospital handles about 1200 births a year. The load on the equipment tends to be continuous. Items were out, machines become obsolete and companies building the equipment disappear. This isn't the only area of need to be addressed in the immediate short term.

Facility requirements have become a major issue as our buildings continue to age the Region has to ensure there is money available to refresh, renew or meet changing health codes. Completion of the renewal of the Victoria Hospital, a review of acute care services provided at the Shellbrook Hospital and recommended renovations for the Mental Health Villas are some of the major projects that will need to be addressed over the short term.

MANAGEMENT DISCUSSION AND ANALYSIS

Prince Albert Parkland faces a number of significant challenges including financial, staffing and programming.

The financial challenges arise from the 2002-2003 operational deficit as well as an accumulated deficiency in working capital. When first brought together, in August 2002, the former Parkland and Prince Albert Health Districts faced a projected year end deficit of approximately $2,000,000. However a number of steps were taken to help reduce the expenditures and by year end the deficit was reduced to less than $700,000. While this result is better than first expected, it nevertheless creates a challenge to maintain and improve programs and services. As well the financial condition limits the ability for the Region to plan and purchase necessary capital furnishings and equipment, carry out minor renovations. or plan major building or redevelopment projects. Presently the Region has an outstanding bank loan, taken out by the Prince Albert District Health Board to pay the community share for renovations at the Prince Albert Victoria Hospital. The Region is unable to borrow more funds without approval by the Minister of Health.

Human resource challenges are beginning to emerge as expected. Despite the Region's attempts to strengthen recruitment and retention of staff, Registered Nurses, Licensed Practical Nurses and Diagnostic Technicians and Technologists are in short supply Provincially and Nationally. Staffing difficulties may also lead to changes in programs and services.

The consolidation of administrative services in the Region, including the departments of Finance and Human Resources will help address these challenges, particularly as the planning and operations become fully integrated.

HEALTH CARE ORGANIZATION SUMMARY

Affiliates

Mont St Joseph Home	On-going

Contracted Community Based Organizations

Self-help and Recreation Education (SHARE)	Renewed
-Prevocational Program and Group Home	
-Group Home	
Canadian Mental Health Association	Renewed
-Independent Living Program	
-Prevocational Program	
Prince Albert Council on Alcohol and Drug Abuse (PACADA)	Renewed
-Safe Driving	
-Adult Outpatient	
Cooperative Health Centre	Renewed
-Dental Project/Community Schools – Prince Albert	
-Methadone Program	
-Birch Hills Health Centre	
Mobile Crisis Cooperative	Renewed
-Sexual Assault Centre	
-24 Hour Assistance	

Health Improvement Initiatives **– was available to all Health Regions to promote community based health initiatives. This funding was introduced during the formation of Health Districts. The focus was to providing new and better programs and services.**

Healing Circle Project – Victoria Hospital	Renewed
Family Futures – Outreach	Under Review
- Visiting Program	
- Successful Mothers Program	
Prince Albert Grand Council – Diabetic Education Program	Under Review
High School Worker Program – PAPHR (ADS)	On-going

Designated Funding **– from the Province or Federal Government to address various health needs directly.**

Anonymous HIV Testing –Saskatchewan Penitentiary	On-going
Youth Justice Funding – Aboriginal Outreach	On-going
- Kookum project	
Prince Albert Grand Council – At Risk Families –	New 2003
High Risk Violent Young Offenders – (HRVYOI)	On-going
Family Support and Rehabilitation Funding (Mental Health)	On-going
Coordinated Behaviour Management (Mental Health)	On-going

Contracted Health Care Organizations

Ambulance Services - Parkland Ambulance Care	Renewed
- Blain Lake Ambulance Care	
- WPD Battleford	
- Big River Ambulance Care	
- Spiritwood Ambulance Care	
- Melfort Ambulance Care	
Rural Mental Health Services – throughout Region	Renewed
Secondary Assessment and Treatment Program – Saskatchewan Government Insurance and Workers Compensation Board	Ongoing
Acquired Brain Injury Program – Saskatchewan Government Insurance	Ongoing
Sexual Health Services – for Sandy Lake and Beardy's Okemasis Reserve	Renewed
- for northern communities	
Chemotherapy Outreach Program – Saskatoon Cancer Clinic	Ongoing
Victoria Hospital Dialysis Unit – St Paul's Hospital	Ongoing
Rural Physiotherapy Services – Spiritwood, Shellbrook, Birch Hills	Renewed
Rural Physician Services– Birch Hills, Hafford	Renewed
Pharmacy Services – Olson's Pharmacy Limited for Kinisitino	New 2003
- Victoria Square Pharmacy	Renewed
SRNA Quality Workplace Program –	New 2003

FINANCIAL REPORTING

Management has responsibility for preparing the accompanying financial statements and for ensuring that all information in the Annual Report is consistent with the statements. This responsibility includes selecting appropriate accounting principles and making objective judgements and estimates in accordance with generally accepted accounting principles.

In discharging its responsibilities for the integrity and fairness of the financial statements and for the accounting system from which they are derived, management maintains the necessary system of internal controls designed to provide assurance that transactions are authorized, assets are safeguarded, and proper records maintained.

The Board of Directors is responsible for ensuring that management fulfills its responsibilities for financial reporting and is ultimately responsible for reviewing and approving the financial statements.

External auditors, appointed by the Board, audit the financial statements and meet with both the Board and management to review their findings. The external auditors report directly to the Board and their report follows. The external auditors have full and free access to the Board to discuss their audit findings as to the integrity of the district's financial reporting and the adequacy of the system of internal control.

President and Chief Executive Officer

Gren Smith Windsor

June 20, 2003

Chief Financial Officer

Morgan Kennedy

A Payment Disclosure listing is available upon request at the Corporate Office. The listing reports all salaries exceeding $2,500 paid to employees, and all payments exceeding $20,000 made to affiliated agencies, contractors, or suppliers for the fiscal year ended March 31, 2003. This listing is published as public information in accordance with the public disclosure practices of government departments, agencies and Crown Corporations, as recommended by the Provincial Auditor.

FINANCIAL REPORTING

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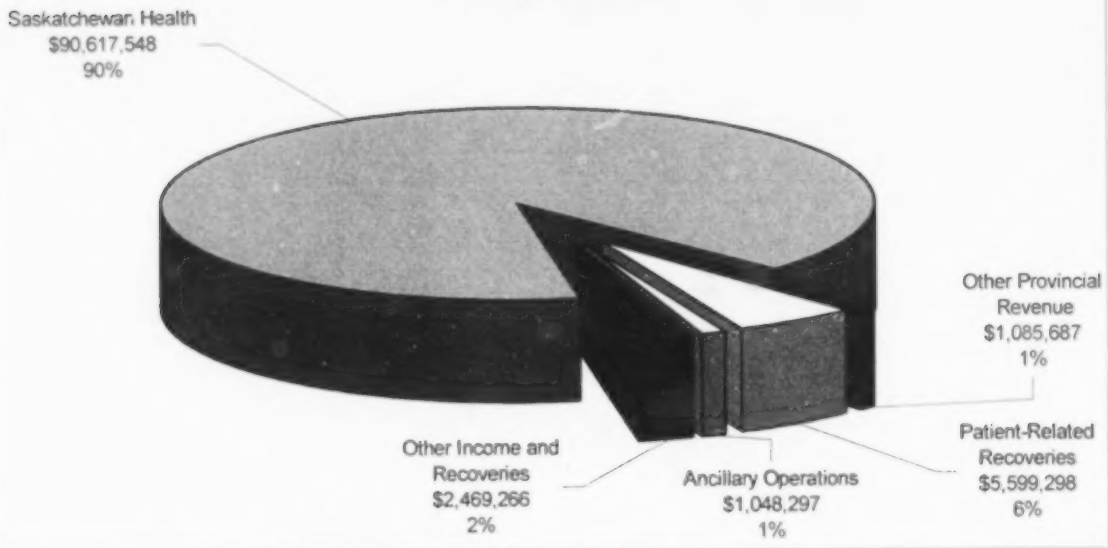
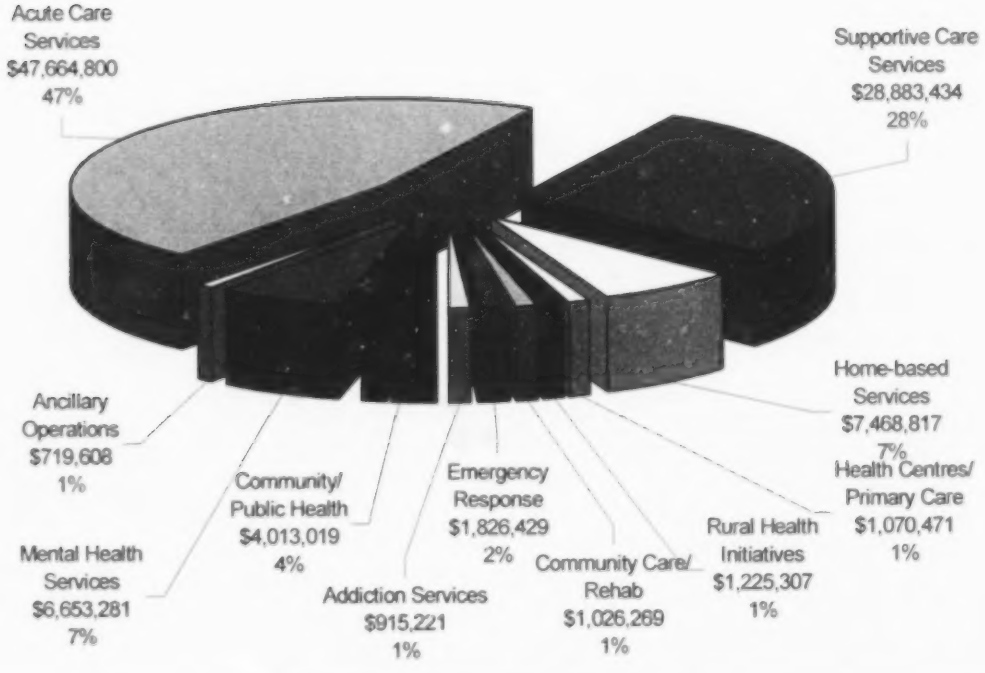
Operating Revenue and Expenses Summary

Operating Revenue by Source - 2002/03
$100,820,096



Operating Expense by Program Area
$101,466,656



PRINCE ALBERT PARKLAND
HEALTH REGION

FINANCIAL STATEMENTS

For year ended March 31, 2003

Healthy Living in Healthy Communities

MEYERS NORRIS PENNY LLP

AUDITORS' REPORT

To: The Prince Albert Parkland Regional Health Authority

We have audited the statement of financial position of the Prince Albert Parkland Regional Health Authority as at March 31, 2003 and the statements of operations and changes in fund balances, cash flows, and supporting schedules for the year then ended. These financial statements are the responsibility of the Prince Albert Parkland Regional Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Prince Albert Parkland Regional Health Authority as at March 31, 2003 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Meyers Norris Penny LLP

Chartered Accountants
Prince Albert, Saskatchewan
May 7, 2003

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY

STATEMENT OF FINANCIAL POSITION

As at March 31, 2003

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Fund	Total Mar-31-03	Total Mar-31-02 (Note 20)
ASSETS					
Current					
Cash and short-term investments (Schedule 2)	$ 3,448,866	$ 1,285,808	$ 691,334	$ 5,426,008	$ 6,471,411
Accounts receivable					
Saskatchewan Health - General Revenue Fund	1,037,232	-	-	1,037,232	575,790
Other	1,660,814	85,013	559,028	2,304,855	2,493,582
Current portion of long-term receivable (Note 3)	-	178,758	-	178,758	-
Inventory	720,463	-	-	720,463	670,349
Prepaid expenses	1,118,323	-	-	1,118,323	889,368
	7,985,698	1,549,579	1,250,362	10,785,639	11,100,500
Long term receivables (Note 3)	-	487,995	-	487,995	-
Capital assets (Note 4)	-	46,457,274	-	46,457,274	47,420,821
Total Assets	$ 7,985,698	$ 48,494,848	$ 1,250,362	$ 57,730,908	$ 58,521,321
LIABILITIES					
Current					
Accounts payable	$ 4,622,137	$ 363,151	$ -	$ 4,985,288	$ 3,983,359
Accrued salaries	2,138,747	-	-	2,138,747	1,976,769
Vacation payable	5,231,034	-	-	5,231,034	4,808,501
Bank loans payable (Note 6)	-	878,134	-	878,134	1,145,846
Current portion of mortgages payable (Note 7)	-	568,504	-	568,504	520,878
Current portion of capital lease obligation (Note 8)	-	151,208	-	151,208	39,529
Deferred revenue (Note 9)	964,548	-	-	964,548	882,819
	12,956,466	1,960,997	-	14,917,463	13,357,701
Mortgages payable (Note 7)	-	10,909,874	-	10,909,874	11,491,221
Obligations under capital lease (Note 8)	-	483,499	-	483,499	172,018
Total Liabilities	12,956,466	13,354,370	-	26,310,836	25,020,940
EQUITY					
Fund Balances					
Invested in capital assets	-	33,617,263	-	33,617,263	34,051,329
Invested in other Capital Fund net assets	-	(31,488)	-	(31,488)	395,238
Externally restricted (Schedule 3)	-	-	1,250,362	1,250,362	1,742,776
Internally restricted (Schedule 4)	-	1,554,703	-	1,554,703	1,677,178
Unrestricted	(4,970,768)	-	-	(4,970,768)	(4,366,140)
Fund Balances (Statement 2)	(4,970,768)	35,140,478	1,250,362	31,420,072	33,500,381
Total Liabilities & Fund Balance	$ 7,985,698	$ 48,494,848	$ 1,250,362	$ 57,730,908	$ 58,521,321

APPROVED BY THE BOARD:

R. L. [illegible] DIRECTOR

W. B. Gonge DIRECTOR

(See accompanying notes to the financial statements)

STATEMENT 2

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2003

	OPERATING FUND			RESTRICTED FUNDS	
	BUDGET 2003 (Note 15)	2003	2002	TOTAL 2003 (Schedule 5)	TOTAL 2002
REVENUES					
Saskatchewan Health:					
- General Revenue Fund	$ 87,355,825	$ 90,617,548	$ 85,130,366	$ 1,430,380	$ 1,887,391
Other Provincial Revenue	1,050,000	1,085,687	1,059,209	-	-
Long Term Resident/Respite Income	4,884,487	4,877,955	4,824,334	-	-
Home-based Service - Client Fees	301,000	310,622	317,075	-	-
CMHC Mortgage Subsidies	-	-	-	484,127	494,437
Federal Funding	70,200	81,960	135,146	-	-
Out-of-Province/Third Party Recoveries	328,983	328,761	340,568	-	-
Donations & Bequests	-	24,114	17,270	1,047,676	1,199,303
Interest Income	60,000	77,574	120,385	154,469	212,340
Ancillary Operations - Income	1,023,111	1,048,297	980,051	-	-
Research Grants	-	-	-	-	-
Other Income and Recoveries	2,129,765	2,367,578	2,109,017	6,873	35,151
	97,203,371	100,820,096	95,033,421	3,123,525	3,828,622
EXPENSES					
Acute Care Services	44,219,530	46,479,652	42,940,763	2,470,695	2,430,756
Specialized Hospital Programs	996,099	1,185,148	990,298	-	-
Supportive Care Services	23,043,500	24,076,316	22,901,720	1,774,522	1,873,355
Grants to Affiliates:					
Supportive Care	4,772,136	4,807,118	4,612,682	-	-
Home-based Services	7,421,321	7,468,817	7,419,906	30,110	37,930
Health Improvement Initiatives:					
Health/Wellness Centres/Clinics	929,506	840,188	764,080	58,308	68,487
Rural Health Initiatives	1,187,746	1,225,307	1,227,850	3,028	2,319
Community Care Initiatives	789,227	802,799	690,996	-	-
Emergency Response Services	1,461,268	1,826,429	1,475,569	90,000	90,000
Alcohol and Drug Services	727,583	915,221	848,158	-	-
Primary Health Services	186,137	230,283	221,775	-	-
Community Health Services	3,988,526	4,013,019	3,882,179	14,571	28,956
Mental Health Services	6,273,573	6,653,281	6,163,327	-	-
Rehabilitation Services	277,991	223,470	280,897	-	-
Ancillary Operations - Expenses	674,981	719,608	601,910	116,040	181,167
Total Expenses (Schedule 1)	96,949,124	101,466,656	95,022,110	4,557,274	4,712,970
Excess (deficiency) of revenue over expenses	$ 254,247	(646,560)	11,311	(1,433,749)	(884,348)
Fund balances, beginning of year		(4,366,140)	(3,856,214)	37,866,521	38,229,632
Interfund transfers (Note 16)		41,932	(521,237)	(41,932)	521,237
Fund balances, end of year		$ (4,970,768)	$ (4,366,140)	$ 36,390,840	$ 37,866,521

(See accompanying notes to the financial statements)

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY

STATEMENT OF CASH FLOW

For the Year Ended March 31, 2003

	Operating Fund		Restricted Funds			
	2003	2002	Capital Fund	Community Fund (Schedule 3)	Total 2003	Total 2002 (Note 20)
Cash provided by (used in):						
Operating Activities						
Excess (deficiency) of revenue over expenses	$ (646,560)	$ 11,311	$ (1,487,380)	$ 53,631	$ (1,433,749)	$ (884,348)
Non-cash charges against revenue						
: amortization of capital assets	-	-	3,464,751	-	3,464,751	3,767,881
: loss (gain) on disposal of capital assets	-	-	214,546	-	214,546	908
	(646,560)	11,311	2,191,917	53,631	2,245,548	2,884,441
Changes in non-cash working capital						
Accounts receivable	(510,649)	(893,674)	(499,394)	70,575	(428,819)	1,676,850
Inventory	(50,114)	(2,125)	-	-	-	-
Prepaid expenses	(228,955)	148,925	-	-	-	-
Accounts payable	1,426,059	(925,828)	(424,130)	-	(424,130)	589,603
Accrued salaries	161,978	973,657	-	-	-	-
Vacation payable	422,533	352,207	-	-	-	-
Deferred revenue	81,729	(392,457)	-	-	-	-
Due to/ due from	-	(46,601)	-	-	-	(348,491)
	656,021	(774,585)	1,268,393	124,206	1,392,599	4,802,403
Investing Activities						
Purchase of capital assets	-	-	(2,746,589)	-	(2,746,589)	(3,762,554)
Proceeds on disposal of capital assets	-	-	30,839	-	30,839	15,425
	-	-	(2,715,750)	-	(2,715,750)	(3,747,129)
Financing Activities						
Acquisition (repayment) of bank loan	-	-	(267,712)	-	(267,712)	(190,411)
Repayment of mortgages	-	-	(533,721)	-	(533,721)	(505,621)
Acquisition (repayment) of capital lease	-	-	423,160	-	423,160	119,438
	-	-	(378,273)	-	(378,273)	(576,594)
Net increase (decrease) during year	656,021	(774,585)	(1,825,630)	124,206	(1,701,424)	478,680
Interfund transfers (Note 16)	41,932	(381,729)	504,113	(546,045)	(41,932)	381,729
Cash and short-term investments:						
- Balance: Beginning of year	2,750,913	3,907,227	2,607,325	1,113,173	3,720,498	2,860,089
- Balance: End of year	$ 3,448,866	$ 2,750,913	$ 1,285,808	$ 691,334	$ 1,977,142	$ 3,720,498

(See accompanying notes to the financial statements)

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2003

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (the Act). This Act created the Prince Albert Parkland Regional Health Authority (RHA). The Authority is responsible for the planning, delivery and evaluation of health services within the geographic area known as the Prince Albert Parkland Health Region.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the former District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

a) Amalgamation of former District Health Boards

The two former District Health Boards, Parkland District Health Board and Prince Albert District Health Board, have been amalgamated in these financial statements using the continuity-of-interests method. All assets, liabilities, revenues and expenses have been combined in both the 2002 and 2003 fiscal years.

b) Foundation

The Victoria Hospital Foundation Inc. is incorporated under the Non-Profit Corporations Act and is a registered charity under the Income Tax Act.

Under the Foundation's Articles of Incorporation, all funds raised by the Foundation after payments of reasonable expenses must be paid to the Victoria Hospital or any other qualified donee. Consequently, control of the Foundation's activities by virtue of economic interest exists.

These financial statements do not include the financial activities of the Foundation. Alternatively, Note 13 describes the financial position and results of operations of the Foundation.

c) Fund Accounting

The accounts of the Prince Albert Parkland Regional Health Authority are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the Regional Health Authority including revenues received for provision of health services from Saskatchewan Health-General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the Regional Health Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Fund

The community fund is a restricted fund that reflects community generated assets transferred to the Regional Health Authority in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the Health Region from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the Regional Health Authority and the health corporations.

d) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund.

e) Inventory

Inventory consists of general stores, pharmacy, dietary and other. Inventory is valued using the first-in first-out method.

f) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 1/2% to 5%
Land and leasehold improvements	10% to 20%
Equipment	5% to 33%

Construction in progress is capitalized, but no amortization is recorded until the project is complete. Donated capital assets are recorded at their fair market value at the date of contribution (if fair value can be reasonably determined).

g) Investments

Investments are valued at the lower of cost or net realizable value.

h) Pension

Employees of the Regional Health Authority participate in several multi-employer defined benefit pension plans, or a defined contribution plan. The Regional Health Authority follows defined contribution plan accounting for its participation in the plans. Accordingly, the Regional Health Authority expenses all contributions it is required to make in the year.

j) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

3. Long-term receivable

The Victoria Hospital Foundation has raised funds for the purchase of 105 beds and diagnostic imaging equipment for the Victoria Hospital Site. The assets have been purchased and the funding will be received over the next four years as follows:

2004 -	$ 178,758
2005 -	177,036
2006 -	172,836
2007 -	138,123

4. Capital Assets

	March 31, 2003			March 31,2002
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 649,479	$ -	$ 649,479	$ 649,479
Land & Leasehold Improvements	891,003	714,820	176,183	184,865
Buildings	77,511,864	36,546,844	40,965,020	43,152,388
Equipment	25,295,931	20,714,147	4,581,784	3,349,281
Construction in Progress	84,808	-	84,808	84,808
	$ 104,433,085	$ 57,975,811	$ 46,457,274	$ 47,420,821

5. Commitments

a) Capital Asset Acquisitions

As at March 31, 2003, commitments for the acquisition of capital assets were $ nil (2002 - $ 659,984).

b) Operating Leases

Minimum annual rentals under operating leases on property and equipment over the next five years are as follows:

2004	$ 296,042
2005	296,042
2006	11,631
2007	5,175
2008	5,175

c) Annuities

The former Prince Albert District Health Board received donations and entered into charitable annuity agreements with the donors to purchase annuities on the donor's behalf. The Regional Health Authority's liability under the agreements is to ensure that each donor receives the monthly annuity paid by the financial institution who issued the annuity. Upon the death of the annuitant the balance of the funds, if any, will be transferred to the Regional Health Authority. The asset and related liability have not been disclosed in the balance sheet due to the trust arrangements in effect and due to the uncertainty of future events.

6. Bank Loan

	2003	2002
Demand Loan, Canadian Imperial Bank of Commerce, at prime minus 0.10% interest payable monthly with the following repayment terms	**$878,134**	$1,145,846

$ 171,248 is presently being repaid monthly at $1,780 principal and interest unless demand is made.

$ 706,886 is presently being repaid monthly at $24,155 principal and interest unless demand is made.

7. Mortgages Payable

Title of Issues	Interest Rate	Annual Repayment Terms	2003	2002
Birchview Nursing Home Canada Mortgage and Housing Corporation, due February 1, 2005	6.45%	$106,432 principal & interest of which $45,156 is subsidized by CMHC, yielding an effective interest rate of 2%.	**$1,056,666**	$1,094,505
Evergreen Health Centre Canada Mortgage and Housing Corporation, due February 2005	6.45%	$59,772 principal & interest of which $18,252 is subsidized by CMHC.	**683,345**	699,064
Hafford & District Nursing Canada Mortgage and Housing Corporation, due February 2030	10.00%	$26,719 principal & interest.	**276,410**	279,116
Herb Bassett Home Canada Mortgage and Housing Corporation, due March 1, 2008	4.70%	$355,944 principal & interest of which $77,066 is subsidized by CMHC, yielding an effective interest rate of 2%	**1,860,242**	2,115,462
Idylwild Lodge Canada Mortgage and Housing Corporation, due August 2006	5.90%	$131,887 principal & interest of which $68,493 is subsidized by CMHC.	**1,432,654**	1,479,521
Jubilee Lodge Canada Mortgage and Housing Corporation, due February 1, 2006	6.22%	$62,342 principal & interest of which $29,025 is subsidized by CMHC, yielding an effective interest rate of 2%.	**670,663**	691,122
Kinistino Jubilee Lodge & Units Canada Mortgage and Housing Corporation, due May 1, 2015	5.125%	$11,341 principal & interest.	**102,805**	108,768
Lakewood Lodge Canada Mortgage and Housing Corporation, due August 2006	5.90%	$117,573 principal & interest of which $55,367 is subsidized by CMHC.	**1,329,027**	1,367,878

Parkland Terrace Canada Mortgage and Housing Corporation, due April 2027	8.00%	$43,944 principal & interest an amount of $49,143 which is forgivable at $1,695 per year over the life of the mortgage if regular payments are made.	**514,622**	522,687
Pineview Terrace Lodge & Units Canada Mortgage and Housing Corporation, due December 1, 2004	5.125%	$27,325 principal & interest.	**45,673**	70,008
Rabbit Lake Health Centre Canada Mortgage and Housing Corporation, due February 2005	6.45%	$49,641 principal & interest of which $20,534 is subsidized by CMHC.	**538,799**	553,620
Wheatland Lodge Canada Mortgage and Housing Corporation, due August 2006	5.90%	$109,699 principal & interest of which a certain amount is subsidized monthly based on the net loss of the shelter component.	**1,389,208**	1,417,029
Whispering Pine Place Canada Mortgage and Housing Corporation, due June 2005	6.87%	$143,289 principal & interest of which $48,962 is subsidized by CMHC.	**1,578,264**	1,613,319
			11,478,378	12,012,099
Less: Amounts due within one year			**568,504**	520,878
			$10,909,874	$11,491,221

For each of the mortgages, the Regional Health Authority has pledged the related buildings of the special care homes as security. Additional security is provided on the mortgages for Jubilee Lodge and Birchview Nursing Home by security agreements on equipment and furnishings and the assignment of rents and leases. Additional security is provided for the mortgage on the Herb Bassett Home by an assignment of rents and leases. Additional security is provided for the mortgages of Idylwild Lodge, Evergreen Health Centre, Hafford & District Nursing, Lakewood Lodge, Parkland Terrace, Rabbit Lake Health Centre, Wheatland Lodge and Whispering Pine Place by the assignment of land and equipment.

Aggregate principal repayments required for each of the next five years is estimated as follows:

2004	$ 568,504
2005	$ 593,143
2006	$ 604,952
2007	$ 638,658
2008	$ 674,293
2009 and subsequent	$ 8,398,828

8. Capital Lease

a) Equipment has been taken on lease on terms, which transfer substantially all of the benefits and risks of ownership to the Regional Health Authority and are accounted for as a "capital lease", as though an asset had been purchased and a liability incurred.

	2003			2002
	Cost	Accumulated Amortization	Net Carrying Amount	Net Carrying Amount
Equipment under capital lease	$ 857,258	$206,105	**$651,153**	$195,969

The equipment is amortized on a straight-line basis over its economic life beginning in the year of acquisition.

b) Minimum annual payments under capital leases on equipment over the full lease term are as follows:

2004	$ 180,111
2005	180,111
2006	176,517
2007	158,550
Total minimum lease payments	695,289
Less: amount representing interest	(60,582)
Total Lease obligation	$ 634,707

9. Deferred Revenue

	Balance Beginning of Year	Less amount Recognized from Sask Health	Add amount Received from Health	Less Amount Recognized from other sources	Add amount Received from other sources	Balance End of Year
Aboriginal Funding	$ 4,500	$ -	$ 40,000	$ (4,500)	$ -	$ 40,000
Acquired Brain Injury	198,644	-	-	(521,107)	511,593	189,130
Behavior Management	64,817	-	-	-	-	64,817
Can.Triage/Acuity Scale	-	-	20,000	-	-	20,000
Cont. Edcuation/Development	-	-	90,725	-	-	90,725
Control of Diabetes	28,824	(47,873)	45,700	-	-	26,651
Dental Project	30,047	-	-	-	-	30,047
Drinking Water Strategy	-	(15,365)	38,000	-	-	22,635
Family Support/Rehab	22,646	(4,436)	-	-	-	18,210
Health Improvement Initiatives	13,045	-	-	-	-	13,045
Health Sciences Retro	26,500	(26,500)	-	-	-	-
High Cost Drugs	85,511	(85,511)	-	-	-	-
Immunization	-	-	2,100	-	-	2,100
Infant Mortality	45,000	(33,393)	37,000	-	-	48,607
Injection Drug Use Strategy	56,858	(55,000)	55,000	-	-	56,858
Intersectoral Youth	21,097	(21,097)	-	-	-	-
Kid's first	-	-	-	(70,870)	83,000	12,130
Medical Services Plan	20,698	-	3,349	-	-	24,047
Needle Exchange	28,500	(28,500)	3,000	-	-	3,000
Primary Care	50,000	-	-	-	-	50,000
Problem Gambling	-	-	-	(11,639)	48,849	37,210
Regional Health Authority	90,000	(90,000)	-	-	-	-
Sask Immunization/PHIS	-	-	-	-	10,000	10,000
Severance Funding	4,742	-	-	-	-	4,742
Successful Mothers Support	32,269	(35,561)	32,000	-	-	28,708
Surgical Wait List Registry	-	-	25,000	-	-	25,000
Telehealth	9,827	-	-	-	-	9,827
Workplace Wellness	21,623	(21,623)	117,617	-	-	117,617
Other	27,671	-	-	(60,229)	52,000	19,442
Total	$ 882,819	$ (464,859)	$ 509,491	$ (668,345)	$ 705,442	$ 964,548

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred. Other revenue received in advance is recorded as revenue as the related services are provided.

10. Trust Funds

The Regional Health Authority holds cash in the bank on behalf of the trust funds listed below. The transactions and balances related to the trust funds are not included in these financial statements.

	2003	2002
Patient/resident	$ 89,213	$ 82,675
Staff Development	360,101	360,142
Leoville Union Hospital –Pre-amalgamation	21,974	32,936
Medical Staff	1,470	1,470
	$ 472,758	$ 477,223

11. Related Party Transactions

Included in these financial statements are transactions with related parties. These related parties include various Saskatchewan Crown agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Regional Health Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In Addition, the Regional Health Authority is related to other non-Governmental organizations by virtue of its economic interest in these organizations.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

	2003	2002
Accounts Receivable	$ 158,065	$ 202,028
Accounts Payable	$ 1,347,203	$ 1,015,945
Revenue	$ 885,462	$ 472,306
Expenses	$ 10,491,027	$ 9,884,945

In Addition, the Regional Health Authority pays Provincial Sales Tax to the Saskatchewan Department of Finance on all taxable purchases. Taxes are recorded as part of the cost of those purchases.

12. Affiliates

a) The Regional Health Authority has an affiliation agreement with Mont St. Joseph Home Inc., a privately owned health corporation to provide services.

This corporation receives operating funding from the Regional Health Authority on a monthly basis with budget amounts approved annually. During the year, the Authority provided the following amounts:

	2003	2002
Mont St. Joseph Home Inc. Operating Grant	$ 4,659,704	$ 4,502,807
Total assets	$ 12,942,615	$ 13,387,822
Total liabilities	872,804	808,833
Fund Investment in capital assets	12,517,329	12,904,992
Reserves for future costs	259,111	259,111
Unrestricted	(706,629)	(585,114)
	12,069,811	12,578,989
Total liabilities and fund balances	$ 12,942,615	$ 13,387,822
Results of Operations		
Total revenues	$ 6,168,787	$ 6,045,306
Total expenses	6,677,965	6,467,307
Excess (deficiency) of revenue over expenses	$ (509,178)	$ (422,001)
Cash Flows		
Cash from operations	$ (509,178)	$ (422,001)
Add back non-cash charges Depreciation	440,776	436,133
Note change in non-cash working capital	161,034	(41,126)
Financing and investing activities	(47,811)	(36,674)
Increase (decrease) in cash	$ 44,821	$ (63,668)

13. Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Victoria Hospital Foundation. The year end of the Foundation is September 30, 2002 which is reflected in the information below.

Victoria Hospital Foundation Inc.

	2002	2001
Statement of Financial Position		
Total assets	$ 450,412	$ 194,802
Total net assets	$ 450,412	$ 194,802
Results of Operations		
Total revenues	$ 669,298	$ 176,429
Total expenses	413,688	342,833
Excess (deficiency) of revenue over expenses	$255,610	$ (166,404)
Total expenses include contributions of $ 292,791 (2001 - $235,955) to the Authority		
Cash Flows		
Cash from operations	$ 90,737	$ (146,236)
Cash used in financing and investing activities	(1,147)	
Increase (decrease) in cash	$ 89,590	$ (146,236)

14. Pensions

Employees of the Regional Health Authority participate in one of the following pension plans. Some employees participate in the Saskatchewan Healthcare Employee's Pension Plan (SHEPP), which is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU and HSAS). SHEPP is a multi-employer defined benefit plan which came into effect on December 31,2002. (Prior to December 31,2002 this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors.) Other employees participate in either the Public Service Superannuation Plan (a related party) which is also a defined benefit plan, or the Public Employees' Pension Plan (a related party) which is a defined contribution plan, both of these plans are the responsibility of the Province of Saskatchewan. The Regional Health Authority's financial obligations to the plans is limited to making required payments to match amounts contributed by employees for current services.

Pension expense for the year amounted to $2,422,702 (2002 - $2,133,949) and is included in the benefits.

15. Budget

The operating budget, which is included in the Regional Health Authority's Health Plan, was approved by the Authority and the Minister of Health.

16. Interfund Transfers

Each year the Regional Health Authority transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	Operating	Capital	Community
Capital Purchases	$ -	$ 546,045	$ (546,045)
CMHC Reserves	41,932	(41,932)	-
Other Capital Reserves	-	-	-
Total	$ 41,932	$ 504,113	$ (546,045)

17. Contingencies

The City of Prince Albert has assessed the Regional Health Authority with property taxes on the former Holy Family Hospital buildings. The Authority disagrees with the assessment, arguing that the property is exempt pursuant to section 38(2) of the Health Districts Act. The Health Authority has appealed this matter to the Court of Appeal and has received leave to appeal. The matter is waiting to be heard by the Court of Appeal.

The outcome of this issue is presently not determinable. Should the Authority be unsuccessful in defending its position with respect to this matter it would result in property taxes payable of approximately $848,000 as at March 31, 2003.

18. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The Regional Health Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Regional Health Authority's receivables are from Saskatchewan Health - General Revenue fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  cash and short term investments
  accounts receivable
  accounts payable
  accrued salaries and vacation payable

- For investments, the fair value is considered to approximate quoted market values.
- The fair value of mortgages payable before the repayment required within one year, is $10,332,043 (2002 - $10,578,935) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

d) Short-term Borrowing/Operating Line-of-Credit

Short-term borrowings are secured by promissory notes supported by Borrowing Resolutions and by an Assignment and Hypothecation of Revenues, and bearing interest at an interest rate of prime minus 0.10%, which is due on demand. Total interest paid on the short-term borrowings in 2003 was $43,508 (2002 - $66,469).

The Authority has a line-of-credit limit of $1,000,000 (2002 - $1,200,000) with an interest rate charged at prime minus 0.10%, which is re-negotiated annually. The line-of-credit is secured by an Overdraft Borrowing Agreement supported by a Borrowing Resolution and by an assignment and hypothecation of revenues. Total interest paid on the line-of-credit in 2003 was $ 287 (2002 - $607).

19. Volunteer Services

The operations of the Authority utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

20. Comparative Information

As described in Note 2 a), the two former District Health Boards, Parkland District Health Board and Prince Albert District Health Board, amalgamated to form the Prince Albert Parkland Regional Health Authority. The combined assets, liabilities and results of operations of these former District Health Boards are included in these financial statements for the 2003 year. Adjustments have been made to accounting methods to put the combining districts on a common basis. As a result, the 2002 comparative figures have been restated as follows:

	2002 As Previously Recorded	Restatement	2002 As Restated
Assets	$ 58,979,987	$ (458,666)	$ 58,521,321
Liabilites	25,020,940	-	25,020,940
Fund balances, beginning of year			
-Operating Fund	(3,949,121)	92,907	(3,856,214)
-Restricted Funds	38,827,806	(598,174)	38,229,632
Fund balances, end of year			
-Operating Fund	(4,377,090)	10,950	(4,366,140)
-Restricted Funds	38,336,137	(469,616)	37,866,521
Revenues			
-Operating Fund	95,709,188	(675,767)	95,033,421
-Restricted Funds	3,152,855	675,767	3,828,622
Expenses			
-Operating Fund	95,528,482	(506,372)	95,022,110
-Restricted Funds	4,206,598	506,372	4,712,970
Excess of revenue over expenses			
-Operating Fund	180,706	(169,395)	11,311
-Restricted Funds	(1,053,743)	169,395	(884,348)

21. North Sask Laundry and Support Services Ltd.

Prince Albert Parkland Health Region is one of five shareholders of North Sask Laundry and Support Services Ltd. North Sask Laundry and Support Services Ltd. supplies laundry services to its owners for a fee that is intended to insure the laundry has sufficient cashflows to operate effectively. In March of 2003 the Board of Directors of Prince Albert Parkland Health Region passed a motion to guarantee a proportional share (1/5) of a $582,000 operating loan for the laundry service, representing a potential liability of $ 116,400.

SCHEDULE 1

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY

SCHEDULE OF EXPENDITURES BY OBJECT

For the Year Ended March 31, 2003

	2003	2002
Operating		
Ambulance service grants	$ 1,768,767	$ 1,430,307
Benefits	9,506,413	9,008,313
Board Costs	170,894	175,673
Professional fees	370,397	270,590
Diagnostic Imaging Supplies	172,960	171,428
Dietetic/food supplies	1,398,000	1,371,544
Drugs & Gases	1,891,440	1,964,632
Grants to third parties	5,590,018	5,400,957
Housekeeping and Laundry supplies	593,407	542,511
Information Technology Contracts	160,804	155,914
Insurance	186,410	167,233
Interest Expense	14,870	16,295
Laboratory Supplies	665,444	604,672
Medical and Surgical Supplies	2,448,844	2,248,835
Medical remuneration and benefits	7,698,261	6,694,047
Office supplies and other office costs	433,205	398,587
Other	1,090,943	1,327,024
Other Referred-out Services	2,254,710	2,094,767
Prosthetics	521,427	407,207
Purchased Service Personnel	1,202,472	1,172,882
Rent/lease/purchase	1,157,242	739,909
Repairs and maintenance	979,745	660,979
Salaries	57,880,811	54,753,036
Service Contracts	446,040	418,598
Travel expense	919,935	905,695
Utilities	1,943,197	1,920,475
	$ 101,466,656	$ 95,022,110
Restricted		
Amortization	$ 3,464,751	$ 3,767,881
Loss on disposal of fixed assets	214,546	9,963
Other	877,977	935,126
	$ 4,557,274	$ 4,712,970

SCHEDULE 2

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY

SCHEDULE OF INVESTMENTS

For the Year Ended March 31, 2003

	Amount	Maturity	Effective Rate	Coupon Rate
OPERATING FUND INVESTMENTS - UNRESTRICTED				
Cash and short-term chequing and savings:				
Petty Cash	$ 9,095			
C.I.B.C. - Prince Albert, SK	3,095,518			
Other Holding Accounts	344,253			
Total Operating Fund Investments	**$ 3,448,866**			
CAPITAL FUND INVESTMENTS				
Internally Restricted Investments (Schedule 4)				
Cash and short-term chequing and savings:				
C.I.B.C. Prince Albert, SK	$ 1,554,703			
Unrestricted Investments				
Cash and short-term chequing and savings:	(268,895)			
Total Capital Fund Investments	**$ 1,285,808**			
COMMUNITY FUND INVESTMENTS - EXTERNALLY RESTRICTED (Schedule 3)				
Cash and short-term chequing and savings:				
C.I.B.C. - Prince Albert, SK	$ 27,009			
Home Care -Spiritwood Credit Union	39,176			
Portfolio held with RBC Dominion Securities Ltd.:				
Cash	191			
G.I.C. - National Bank of Canada	37,500	Oct-15-2003	6.15%	
Province of Ontario	40,963	Apr-22-2003	8.75%	8.73%
Scotia Bank G.I.C.	25,000	Aug-19-2003	2.50%	
Scotia Bank G.I.C.	28,650	Feb-19-2007	5.00%	
Shellbrook Credit Union				
Term Deposit	10,000	Jun-07-2003	1.60%	
Term Deposit	11,800	Sept-18-2003	2.00%	
Term Deposit	25,000	Mar-20-2006	3.65%	
Term Deposit	25,000	Feb-20-2005	3.30%	
Term Deposit	132,000	Jun-04-2004	2.15%	
Term Deposit	101,238	Mar-25-2004	3.26%	
Term Deposit	103,700	Mar-25-2005	3.81%	
Term Deposit	75,185			
Cash	8,922			
Equity				
Total Community Fund Investments	**$ 691,334**			

Externally Restricted Investments consist of community generated funds transferred to the Board and held in th Community Fund (Schedule 3). Internally Restricted Investments consist of replacement reserves maintained pursuant to mortgage agreements with Canada Mortgage & Housing Corporation (CMHC) and/or Saskatchewan Municipal Government

SCHEDULE 3

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY

SCHEDULE OF EXTERNALLY RESTRICTED FUNDS

(COMMUNITY FUND EQUITY)

For the Year Ended March 31, 2003

	Opening Balance	Income	Expenses	Transfers	Ending Balance
Kinistino and District Health Foundation Inc.	$ 435,272	$ 18,773	$ ---	$ ---	$ 454,045
The Birch Hills and Area Health Care Foundation Inc.	184,607	3,818	-----	84,955	103,470
Shellbrook Union Hospital Board	520,072	26,422	-----	-----	546,494
Woodland District 27 Home Care	46,601	-----	-----	7,425	39,176
Prince Albert Regional Health Authority	556,224	4,618	-----	453,665	107,177
	$1,742,776	$ 53,631	$ -------	$ 546,045	$ 1,250,362

The Community Funds are held as follows:

Prince Albert Parkland Regional Health Authority (Schedule 2)	$ 691,334
Accrued interest on Community Fund investments	1,513
Due from foundations	557,515
Total Community Fund Equity	**$ 1,250,362**

a) Funds are held by the Kinistino and District Health Foundation Inc. and the Birch Hills and Area Health Care Foundation Inc. in trust for the Prince Albert Parkland Regional Health Authority pursuant to agreements signed by the parties. The agreements provide that the Authority will consult with the respective foundation prior to finalizing plans for capital improvements or capital construction in the event the Authority will be seeking contributions from the foundation. In addition, the agreements provide that funds are to be used in the provision of health care within each local community or area.

b) Community funds held by the Prince Albert Parkland Regional Health Authority have special conditions regarding the use of these funds by the Authority. There must be a majority consent from the municipalities who previously were the members of the amalgamated Health Corporation before they can use any of the trust proceeds.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2003

1. CANADA MORTGAGE & HOUSING CORPORATION (CMHC) DESIGNATED RESERVES

The Regional Health Authority is required to maintain certain replacement reserves as a condition of receiving a subsidized mortgage or a mortgage interest subsidy from the Canada Mortgage & Housing Corporation (CMHC).

	Balance, Beginning of Year	Transfer from Unrestricted Fund Balance: Annual Allocation	Investment Income Allocation	Transfer to Unrestricted Fund Balance	Balance, End of Year
Birchview Home	$ 28,809	$ -	$ 571	$ (12,315)	$ 17,065
Hafford Special Care Centre	9,394	-	462	(3,764)	6,092
Herb Bassett Home	497,400	-	9,856	(9,856)	497,400
Idylwild Lodge	10,000	-	492	(8,939)	1,553
Jubilee Lodge	95,000	-	1,882	(3,924)	92,958
Jubilee Units	80,540	-	1,596	(5,510)	76,626
Lakewood Lodge	7,724	-	380	-	8,104
Parkland Terrace	40,123	-	1,974	-	42,097
Pineview Terrace Lodge	42,235	-	837	(7,990)	35,082
Pineview Terrace Units	200,000	-	3,963	(4,119)	199,844
Wheatland Lodge	726	-	36	-	762
Whispering Pine Place	65,828	-	3,239	(9,175)	59,892
SUB-TOTAL: CMHC RESERVES	**$ 1,077,779**	**$ -**	**$ 25,288**	**$ (65,592)**	**$ 1,037,475**

2. BOARD DESIGNATED RESERVES

Reserves are approved by the Board for designated purposes and are restricted from the Operating and Capital Fund balances.

	Balance, Beginning of Year	Transfer from Unrestricted Fund Balance	Investment Income Allocation	Transfer to Unrestricted Fund Balance	Balance, End of Year
Begin Estate	$ 2,727	$ -	$ 54	$ -	$ 2,781
Capital Reserve (former PLHD)	260,061	-	-	-	260,061
Ferris Estate	50,061	-	992	-	51,053
Herb Bassett Home Chapel	6,722	-	133	-	6,855
Parking	86,080	-	1,765	(87,845)	-
Parkland Terrace	55,984	-	-	-	55,984
Poole Estate	14,774	-	293	-	15,067
Printing Equipment	80,080	-	1,587	-	81,667
Renal Fund	34,518	-	684	-	35,202
Watseng Estate	8,392	-	166	-	8,558
SUB-TOTAL: BOARD DESIGNATED	**$ 599,399**	**$ -**	**$ 5,674**	**$ (87,845)**	**$ 517,228**

TOTAL INTERNALLY RESTRICTED FUND BALANCES:	2003	2002
CMHC Reserves	$ 1,037,475	$ 1,077,779
Board Designated	517,228	599,399
TOTAL	$ 1,554,703	$ 1,677,178

SCHEDULE 5

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF RESTRICTED FUND BALANCES
For the Year Ended March 31, 2003

	CAPITAL FUND 2003	COMMUNITY FUND 2003 (Schedule 3)	TOTAL 2003	TOTAL 2002
REVENUES				
Saskatchewan Health:				
- General Revenue Fund	$ 1,430,380	$ -	$ 1,430,380	$ 1,887,391
Other Provincial Revenue	-	-	-	-
Long Term Resident/Respite Income	-	-	-	-
Home-based Service - Client Fees	-	-	-	-
CMHC Mortgage Subsidies	484,127	-	484,127	494,437
Federal Funding	-	-	-	-
Out-of-Province/Third Party Recoveries	-	-	-	-
Donations & Bequests	1,047,676	-	1,047,676	1,199,303
Interest Income	91,619	62,850	154,469	212,340
Ancillary Operations - Income	-	-	-	-
Research Grants	-	-	-	-
Other Income and Recoveries	6,873	-	6,873	35,151
	3,060,675	62,850	3,123,525	3,828,622
EXPENSES				
Acute Care Services	2,470,695	-	2,470,695	2,430,756
Specialized Hospital Services	-	-	-	-
Supportive Care Services	1,774,522	-	1,774,522	1,873,355
Grants to Affiliates:				
Supportive Care	-	-	-	-
Home-based Services	22,685	7,425	30,110	37,930
Health Improvement Initiatives:				
Health/Wellness Centres/Clinics	56,514	1,794	58,308	68,487
Rural Health Initiatives	3,028	-	3,028	2,319
Community Care Initiatives	-	-	-	-
Emergency Services	90,000	-	90,000	90,000
Alcohol and Drug Services	-	-	-	-
Primary Health Services	-	-	-	-
Community Health Services	14,571	-	14,571	28,956
Mental Health Services	-	-	-	-
Ancillary Operations - Expenses	116,040	-	116,040	181,167
Total Expenses (Schedule 1)	4,548,055	9,219	4,557,274	4,712,970
Excess (deficiency) of revenue over expenses	(1,487,380)	53,631	(1,433,749)	(884,348)
Fund balances, beginning of year	36,123,745	1,742,776	37,866,521	38,229,632
Interfund transfers (Note 16)	504,113	(546,045)	(41,932)	521,237
Fund balances, end of year	$ 35,140,478	$ 1,250,362	$ 36,390,840	$ 37,866,521

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2003

1. CANADA MORTGAGE & HOUSING CORPORATION (CMHC) DESIGNATED RESERVES

The Regional Health Authority is required to maintain certain replacement reserves as a condition of receiving a subsidized mortgage or a mortgage interest subsidy from the Canada Mortgage & Housing Corporation (CMHC).

	Balance, Beginning of Year	Transfer from Unrestricted Fund Balance: Annual Allocation	Transfer from Unrestricted Fund Balance: Investment Income Allocation	Transfer to Unrestricted Fund Balance	Balance, End of Year
Birchview Home	$ 28,809	$ -	$ 571	$ (12,315)	$ 17,065
Hafford Special Care Centre	9,394	-	462	(3,764)	6,092
Herb Bassett Home	497,400	-	9,856	(9,856)	497,400
Idylwild Lodge	10,000	-	492	(8,939)	1,553
Jubilee Lodge	95,000	-	1,882	(3,924)	92,958
Jubilee Units	80,540	-	1,596	(5,510)	76,626
Lakewood Lodge	7,724	-	380	-	8,104
Parkland Terrace	40,123	-	1,974	-	42,097
Pineview Terrace Lodge	42,235	-	837	(7,990)	35,082
Pineview Terrace Units	200,000	-	3,963	(4,119)	199,844
Wheatland Lodge	726	-	36	-	762
Whispering Pine Place	65,828	-	3,239	(9,175)	59,892
SUB-TOTAL: CMHC RESERVES	**$ 1,077,779**	**$ -**	**$ 25,288**	**$ (65,592)**	**$ 1,037,475**

2. BOARD DESIGNATED RESERVES

Reserves are approved by the Board for designated purposes and are restricted from the Operating and Capital Fund balances.

	Balance, Beginning of Year	Transfer from Unrestricted Fund Balance	Investment Income Allocation	Transfer to Unrestricted Fund Balance	Balance, End of Year
Begin Estate	$ 2,727	$ -	$ 54	$ -	$ 2,781
Capital Reserve (former PLHD)	260,061	-	-	-	260,061
Ferris Estate	50,061	-	992	-	51,053
Herb Bassett Home Chapel	6,722	-	133	-	6,855
Parking	86,080	-	1,765	(87,845)	-
Parkland Terrace	55,984	-	-	-	55,984
Poole Estate	14,774	-	293	-	15,067
Printing Equipment	80,080	-	1,587	-	81,667
Renal Fund	34,518	-	684	-	35,202
Watseng Estate	8,392	-	166	-	8,558
SUB-TOTAL: BOARD DESIGNATED	**$ 599,399**	**$ -**	**$ 5,674**	**$ (87,845)**	**$ 517,228**

TOTAL INTERNALLY RESTRICTED FUND BALANCES:	2003	2002
CMHC Reserves	$ 1,037,475	$ 1,077,779
Board Designated	517,228	599,399
TOTAL	$ 1,554,703	$ 1,677,178

SCHEDULE 5

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF RESTRICTED FUND BALANCES
For the Year Ended March 31, 2003

	CAPITAL FUND 2003	COMMUNITY FUND 2003 (Schedule 3)	TOTAL 2003	TOTAL 2002
REVENUES				
Saskatchewan Health:				
- General Revenue Fund	$ 1,430,380	$ -	$ 1,430,380	$ 1,887,391
Other Provincial Revenue	-	-	-	-
Long Term Resident/Respite Income	-	-	-	-
Home-based Service - Client Fees	-	-	-	-
CMHC Mortgage Subsidies	484,127	-	484,127	494,437
Federal Funding	-	-	-	-
Out-of-Province/Third Party Recoveries	-	-	-	-
Donations & Bequests	1,047,676	-	1,047,676	1,199,303
Interest Income	91,619	62,850	154,469	212,340
Ancillary Operations - Income	-	-	-	-
Research Grants	-	-	-	-
Other Income and Recoveries	6,873	-	6,873	35,151
	3,060,675	62,850	3,123,525	3,828,622
EXPENSES				
Acute Care Services	2,470,695	-	2,470,695	2,430,756
Specialized Hospital Services	-	-	-	-
Supportive Care Services	1,774,522	-	1,774,522	1,873,355
Grants to Affiliates:	-	-	-	-
Supportive Care	22,685	7,425	30,110	37,930
Home-based Services				
Health Improvement Initiatives:	56,514	1,794	58,308	68,487
Health/Wellness Centres/Clinics	3,028	-	3,028	2,319
Rural Health Initiatives	-	-	-	-
Community Care Initiatives	90,000	-	90,000	90,000
Emergency Services	-	-	-	-
Alcohol and Drug Services	-	-	-	-
Primary Health Services	14,571	-	14,571	28,956
Community Health Services	-	-	-	-
Mental Health Services	116,040	-	116,040	181,167
Ancillary Operations - Expenses				
Total Expenses (Schedule 1)	4,548,055	9,219	4,557,274	4,712,970
Excess (deficiency) of revenue over expenses	(1,487,380)	53,631	(1,433,749)	(884,348)
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Interfund transfers (Note 16)	504,113	(546,045)	(41,932)	521,237
Fund balances, end of year	$ 35,140,478	$ 1,250,362	$ 36,390,840	$ 37,866,521

SCHEDULE 6

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF PAYMENTS TO BOARD MEMBERS
For the Year Ended March 31, 2003

	Board Remuneration	Travel/ Accommodation	Total 2003	Total 2002
I. Attrux	$ 4,567	$ 4,553	$ 9,120	$ -
A. Bear	3,881	1,039	4,920	-
C. Beck	3,094	1,378	4,472	16,314
J. Boechler	4,110	3,865	7,975	-
A. Boychuck	425	348	773	7,603
J. Buettner	638	-	638	7,475
L. Diesen	1,638	56	1,694	4,675
L. Dodd	400	183	583	2,405
R. Ewanchuk	32,813	14,567	47,380	2,699
M. Fiala	1,724	32	1,756	3,976
D. Fineday	1,368	88	1,456	3,758
H. Gange	4,335	4,657	8,992	-
J. Heilmann-Toews	638	-	638	5,764
L. Hill	3,892	1,091	4,983	-
P. Leson	4,876	1,816	6,692	-
D. MacDonald	6,036	2,520	8,556	6,773
F. Mazurek	1,400	126	1,526	3,233
Dr. L. Malhotra	350	-	350	3,694
E. Matzner	1,414	38	1,452	4,140
L. McClintick	650	132	782	7,407
P. Morin	5,819	2,504	8,323	7,388
C. O'Neil	4,370	3,824	8,194	-
A. Ogenchuk	1,689	208	1,897	4,198
M. Prystupa	4,378	494	4,872	14,357
L. Saam	9,864	4,646	14,510	5,418
W. Steen	4,078	2,978	7,056	-
A. Tataryn	425	610	1,035	8,392
C. Thoms	775	83	858	9,180
N. Warriner	-	-	-	7,388
	$ 109,647	$ 51,836	$ 161,483	$ 136,237

Payments to Authority members have been made pursuant to Board Policy in accordance with guidelines issued by the Department of Health. The rates of remuneration and reimbursement of expenses were revised effective August 1, 2002, in accordance with Order in Council 510/2002.